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ABSTRACT

One of nine competency-based training modules for personnel preparation in early childhood special education, this guide focuses on assessment concepts involving the evaluation of preschoolers for possible disabilities. All modules are adaptable for use with a general audience, direct service personnel, or administrators and are based on the following principles: developmentally appropriate practice; integration of children with disabilities with typically developing peers; collaborative relationships with families; attention to individual needs; and provision for and valuing of diversity among young children and their families. Modules are intended to be used in whole or in part, in groups or for self-instruction. Each module comprises goals; competencies (knowledge, skill, and values and attitudes); and objectives, with a matrix for each objective identifying enabling activities, resources, and leader notes. Relevant handouts, forms, and readings are provided for each objective. This module deals with six major goals: (1) understand state and federal mandates relating to assessment of young children; (2) be able to implement the assessment team process; (3) understand the basic procedure for assessing young children; (4) recognize the variety of relevant assessment instruments available; (5) understand the use of systematic observation in assessing young children; and (6) understand variables related to summarizing and sharing assessment results. (Contains approximately 30 references.) (DB)

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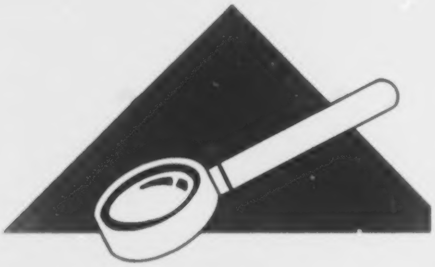
Modules for Competency-Based Personnel Preparation in Early Childhood Education

Assessment



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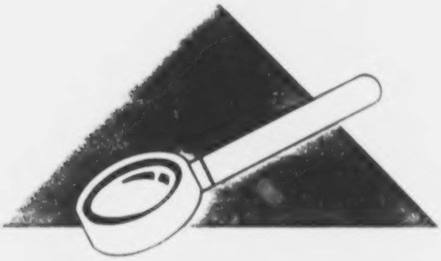
PROJECT PREPARE

Competency-Based Personnel Preparation in Early Childhood Education Modules

1992

Assessment



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These modules were developed through a grant funded by
The Ohio Department of Education, Division of Early Childhood Education
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Dear Educators:

There is, perhaps, no more important issue to address in the field of early childhood education than the professional development of those individuals who work in this field. The results of numerous studies that have been conducted to assess the quality of programs currently available to our nation's young children and their families suggest that the training and quality of staff are critical determinants to quality programming.

In the area of early childhood special education, professional training needs are also recognized as paramount. The number of preschool programs for children with disabilities has grown rapidly in Ohio, thus creating a dramatic increase in the number of trained professionals needed to meet the resulting human resource demands. The training needs of this cadre of teachers, as well as other service personnel who face this challenge, is the focus of *Project Prepare.*

This series of nine competency-based training modules is the result of a commitment on the part of many individuals in the State of Ohio to quality services for young children. Their dedicated efforts are to be commended. *Project Prepare* reflects widely accepted principles of sound early childhood theory and practice; reflecting what we know about the development of all young children, and what we know about the development of young children who have special needs. We hope that these materials assist you in your efforts to provide quality early childhood education programs for all of Ohio's young children.

Sincerely,

Irene Bandy-Hedden

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ACKNOWLEDGEMENTS

The modules in this set were developed as a result of a commitment on the part of many professionals in the State of Ohio; a commitment to quality services for young children with special needs as well as those who are typically developing. A need was established for compentency-based early childhood personnel training that reflects a commitment to: (1) the integration of children with disabilities and those who are typically developing; (2) developmentally appropriate practice; (3) providing services that value and are sensitive to all diversity in a multicultural, pluralistic society; and (4) effective collaboration between parents and professionals.

The immediate need for a large cadre of well-prepared personnel sensitive to the needs of young children with disabilities was recognized by leadership in the Ohio Department of Education. With the establishment of the Division of Early Childhood Education, a forceful position was taken on behalf of all young children. Funding was then made available to the Cuyahoga Special Education Service Center for research and development in personnel preparation.

We gratefully acknowledge Dr. Irene Bandy-Hedden, Assistant Superintendent of the Ohio Department of Education and Dr. Jane Wiechel, Director of the Division of Early Childhood Education for the role they each played in creating the atmosphere and the arena in which Project Prepare was conceived and implemented. The contribution of Dr. Karen Sanders has been invaluable. Her support, guidance, and attention to detail has strengthened us and enabled us to ensure quality and consistency to the final products of Project Prepare.

We wish to thank the members of the Steering Committee and the Consistency Task Force. Their feedback and endless hours of review supplied input to the process of refining the modules. The professionals on the Reaction Panel contributed insightful feedback during the early stages of module development that enhanced the content and format of the modules. The technical staff, whose dependable assistance was a critical component of our working team provided the day-to-day nitty gritty backup assistance necessary to a quality finished product. Most of all, we would like to thank each member of the Module Development Teams who conceived, delivered, nurtured, and raised the "child" whose name is Project Prepare. We offer this fully functioning child up for adoption to the Special Education Regional Resource Service Centers, without whose membership and continued abiding interest in total quality staff development, Project Prepare would not have been possible.

To all those who provided wisdom in this endeavor, gave an extra hand when it was needed, shared in our frustrations, and laughed with us in our moments of joy, we extend our deepest thanks and gratitude.

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PROJECT PREPARE GENERAL INTRODUCTION

This module is one of nine competency-based personnel preparation modules designed to prepare professionals to employ best practices to meet the special needs of young children with disabilities. Each module was developed by an outstanding team as part of a statewide collaborative effort called Project Prepare. Project Prepare was funded by the Ohio Department of Education, Division of Early Childhood Education in concert with the network of Special Education Regional Resource Centers.

Each module targets a facet of best practice found to be critical in implementing a free appropriate public education specifically for three- to five-year-old children with disabilities. While this is the age focus of Project Prepare the modules are applicable for serving all young children. The module topics are:

Assessment,
Family Collaboration,
Individualized Education Program (IEP),
Preschool Integration,
Managing Behavior,
Planning,
Play,
Technology,
Transition.

This list of carefully selected topics does not exhaust all aspects of knowledge, skills, attitudes, and values that are important, even essential, in meeting the challenge posed in implementing the amendments, contained in P.L. 99-457, of the Individual with Disabilities Education Act (I.D.E.A.). However, each module does represent a "competency cluster," rather than a single competency, addressing several general objectives, each of which is broken down into specific knowledge, skill, and value/attitude objectives.

The teams were asked to monitor their own work on the basis of carefully determined criteria, which were then used throughout a multi-stage process of review. Several factors were scrutinized in order to keep the content philosophically consistent within each and across all modules. These premises are in harmony with the philosophical position of the Ohio Department of Education, Division of Early Childhood Education which in turn reflects best practices in the field of Early Childhood Special Education. The issues are summarized as follows:

Developmentally Appropriate Practice in accord with principles set forth by the National Association for the Education of Young Children (NAEYC).

Integration of children with disabilities in programs with their typically developing peers.

Collaborative relationships with families.

Attention to the special needs of each child with recognition of the child's abilities, as well as disabilities.

Provision for and valuing of all diversity among young children and their families (e.g., ability, cultural, racial, religious, gender, etc.).

A second criteria the module development teams were asked to consider in monitoring their work was adaptability. Adaptability was defined in three ways. First, each module needed to be adaptable in a demographic sense, that is, responsive to needs in diverse geographic settings (rural, urban, suburban) with diverse populations. Second, each module was designed for potential use with three different groups of participants:

General (e.g., parents, community groups);

Staff (direct service personnel, such as teachers and therapists);

Administrators (persons in leadership roles, such as building principals and program directors).

Some of each module's content may be applicable to all three potential "audiences" however, in many instances differentiation of content is appropriate, based on the anticipated needs of participants. Thus, while the same goals are indicated for the three groups of participants, these goals are translated in knowledge, skills, and value/attitude objectives appropriate to each group. Differentiation of objectives by audience and by type is shown in the following matrix taken from one of the modules.

GOALS

KNOW THE LEGAL AND ETHICAL BASIS FOR PRESCHOOL INTEGRATION

	GENERAL OBJECTIVE	STAFF OBJECTIVE	ADMINISTRATOR OBJECTIVE
COMPETENCY COMPONENT	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.
KNOWLEDGE	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs and the ethical issues related to this inclusion.
SKILL	Participants will explain from an ethical perspective, why children with disabilities should participate in typical preschool programs.	Participants will list "supplemental services" which might be necessary to enhance the participation of children with disabilities in typical programs.	Participants will synthesize legal requirements and ethical considerations related to inclusion by predicting the outcome of cases for specific children.
VALUE/ATTITUDE	Participants will list potential benefits of inclusion for children, families, and teachers.	Participants will give personal opinions of potential benefits of including children with disabilities in typical programs and means to make this inclusion possible.	Participants will generalize a philosophy statement to guide a school system in the direction of inclusion.

The third form of adaptability is implied by the term module itself. Each module is intended to have an "accordion-like" quality so that, while each is a complete "package" entailing about five hours of instruction, sections can be selected, at the discretion of the group leader, depending upon: (1) needs of the participants, and (2) time availability. The module is also adaptable in the sense that it can be used for individual self-instruction as well as group instruction by a leader.

Other criteria employed in developing and refining the modules were:

- The **goals** for the module are clear to the leader and to the participants.
- Each **activity** is congruent with the objective with which it is associated.
- The module is, insofar as possible, **self-contained and self-sufficient** — that is, all needed materials are provided or readily available.
- **Terms** are appropriately used and clearly defined.
- The module is designed to hold the **interest and motivation** of those using it.

For each objective, a matrix identifies enabling activities, resources for use in conducting these activities, and leader notes (suggestions, possible supplemental materials, etc.). The following example of a matrix from one module is representative of this plan of organization and illustrates how resources and notes are linked to activities.

LEVEL: STAFF

GOAL: Comprehend the significance of play in the development of young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand (recognize) the relationship between play and the developing child.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
10. Discuss stages of play that children experience as viewed by several theorists. – Mildred Parten – Piaget – Sara Smilansky – Others	10. Use Handouts *Mildred Parten's Developmental Stages of Social Play* *Piaget's Theory of Play* *Sara Smilansky* *Others*	10. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read *Special Needs: Play and Learning*. Also read *Play As A Medium for Learning & Development. A Handbook of Theory and Practice* by Bergen.
11. Review *Four Trends Pertinent to Play.*	11. Use Transparency *Four Trends*	11. Read and study leader notes, *Four Trends Pertinent to Play.*
12. Review stages of cognitive play.	12. Use Handout *Stages of Cognitive Play*	12. Cognitive play is used here as one example. If time permits, other domains could be discussed.
13. Review the way play can contribute to the preschool child's overall development.	13. Use Transparencies *As Adults* *All people ...*	13. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read Section 2 in *Play As A Medium for Learning and Development* by Bergen.

Enabling Activities — This column lists the recommended activities that will lead to the accomplishments of the objectives.

Resources — The materials listed in this column are those needed to complete the recommended activities

Leader Notes — Special recommendations to the in-service leader on conducting the suggested activities are provided in this column.

MULTI-STAGE PROCESS OF DEVELOPMENT AND REVIEW

Having identified their respective topics, the teams developed their modules during the 1990-91 school year, sharing progress reports at a series of planning meetings. This stage culminated in more formal presentations of the "work-in-progress" to members of all module development teams. Project Prepare staff, and a Reactor Panel. Comments and suggestions elicited through this process were incorporated in feedback meetings of the Reactor Panel with each team.

Throughout the 1991-92 school year, a two-stage field test procedure was implemented. First, each team presented a five-hour training session of their module at a primary training site. Evaluation data obtained from these sessions included feedback from the leaders, the participants, and also an invitational group of observers. Observers included steering committee members, members of other teams, and project coordinating staff. Participants in each primary training session were given the opportunity to participate in secondary training, that is, to conduct a five-hour training session using any of the nine modules, providing similar evaluation data. A total of 18 secondary training sessions were held. The results of the primary and secondary training yielded data used in considering modifications.

Overall, both participants and leaders who supplied feedback on the field test sessions were very positive about the training and materials. A total of 484 surveys were completed by in-service participants. Those who responded represented individuals from diversely populated areas: rural (37%), urban (16%), urban and suburban (14%), rural, urban and suburban (14%), suburban (8%), and rural and urban (7%). Almost all (98%) felt that the activities presented at their sessions related to the in-service topic. A similar response was found for consistency with philosophical premises. Most believed that the in-service training was consistent with developmentally appropriate practice (98%), exceptionality appropriate practice (90%), integration (91%), and family and professional collaboration (93%). The majority of those who did not respond positively to these items on consistancy "did not know" whether or not there was consistency.

The greatest amount of disagreement was found on the item which asked whether the training was sensitive to multicultural issues. Seventy two percent of those responding indicated "yes," while 16% said "no" and 16% "did not know." As a result of this feedback the issue of sensitivity to diversity was strengthened in the materials during the final revision.

Additional positive feedback from participants showed that 93% felt that activities were appropriate for the audience, 96% believed the interest level was acceptable or terrific and 95% would recommend the training to others. No significant differences were found among responses from different types of audience participants (i.e., teachers, psychologists, parents, etc.) or among groups from varied populations (i.e., urban, rural, suburban, etc.).

The feedback provided by the 21 in-service leaders who completed response surveys was quite similar to that shared by the participants. Most (91%) felt that the materials allowed them to meet their objectives and that activities related to the goals stated in the modules. Almost all believed that the materials were consistent with developmentally appropriate practice (95%), exceptionality appropriate practice (95%), integration (94%), and family and professional collaboration (95%). Sixty three percent of the leaders responding believed that the materials were also sensitive to multicultural issues, while 31% "did not know," and 5% felt that they did not adequately address this premise. As stated above, this information was used to identify and make needed revisions.

In addition, most leaders (88%) found the activities to be appropriate for all audience participants and that materials were designed to accommodate various audiences (91%). All (100%) found the interest level to be acceptable or terrific. Seventy five percent of the leaders noted that all required materials were provided and 95% believed that module materials could be used for in-service training sessions that varied in length (i.e., amount of time).

In regard to the use of the modules by leaders, most found them easy to use (95%), well organized (84%), to have clear directions (94%), and to have clear (100%), and complete (89%) leader notes. Minor revisions were made following the field test to increase these charateristics in the set.

Strong support by the leaders for the competency-based modules was found in the fact that all (100%) reported that they would use the same module again and many (89%) said that they would use other modules in the set. Finally, all leaders (100%) indicated that they would recommend the modules to other professionals who conduct in-service training.

Each module development team having made every effort to insure that their product satisfied each of the basic criteria, then used the feedback to refine and modify their final product. During the entire process each module was subjected to conscientious and detailed peer review. Directives ranged from minor editorial changes to significant and substantive additions, deletions, and reworkings. Team cooperation and genuine enthusiasm was evident throughout the entire process, as was their creativity, resourcefulness, thoroughness, and skill. Their efforts combined with the expertise and conscientious work of the Project's Steering Committee, cross-module review teams, the Reactor Panel, internal and external expert reviewers, and the Project Consistency/Finalization Task Force made for a truly collaborative project and a total quality product.

PROJECT PREPARE

Module Introduction

Assessment

MODULE DEVELOPMENT TEAM

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ABSTRACT

The purpose of this module is to introduce the participants to assessment concepts involving the evaluation of preschoolers. There are six module components:

- Legal Mandates
- Implementation of the Assessment Team Process
- Assessment Procedures
- Assessment Instruments
- Systematic Observation
- Summarizing and Sharing Assessment Results

Information presented in this module reflects developmentally appropriate practices necessary for identifying preschoolers with disabilities. To learn more about the evaluation process, refer to the references at the end of this section.

GOALS

The goals for this module are as follows:

1. Understand state and federal mandates relating to assessment of young children.
2. Be able to implement the assessment team process.
3. Understand the basic procedure involved with assessing young children.
4. Recognize the variety of assessment instruments available to assess young children.
5. Understand the use of systematic observation in assessing young children.
6. Understand variables related to summarizing and sharing assessment results.

GOAL #1 Understand state and federal mandates relating to assessment of young children.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Identify parent and professional roles related to assessment as cited in federal and state legislation and rules.	Identify developmental areas to be assessed and eligibility requirements as identified in federal and state legislation.	Identify role of LEA in the assessment process as identified in federal and state legislation.
Knowledge Objectives	The participants will be able to identify roles and responsibilities of the assessment team.	The participants will be able to list the nine developmental areas which must be assessed in young children.	The participants will understand the role of the LEA in screening, differential referral, and assessment.
Skill Objectives	The participants will identify unique skills needed by an assessment team member of an early childhood team.	The participants will be able to state the eligibility requirements for enrollment in Ohio Department of Education classes for preschool children with disabilities.	
Attitude Objectives	The participants will be able to give a rationale for the critical role of the parent in the assessment of the young child.		The participants can share a rationale for providing early intervention services.

GOAL #2 Be able to implement the assessment team process.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Identify advantages and disadvantages of interdisciplinary, multidisciplinary, and transdisciplinary teaming models.	Link assessment data presented by the multifactored assessment team to program planning, implementation, and evaluation.	Identify program evaluation and monitoring procedures appropriate for early childhood special education programs.
Knowledge Objectives	The participants will be able to define the terms interdisciplinary, multidisciplinary, and transdisciplinary teaming and describe the attributes of each.	The participants will be able to understand the importance of linking the assessment data with programming.	The participants will become aware of the value of evaluating and monitoring progress in early childhood special education programs.
Skill Objectives	The participants will be able to analyze their program's assessment team process in relationship to the three different teaming models.	The participants will be able to develop IEP goals and objectives from a developmental diagnostic report.	The participants will be able to identify guidelines for implementing effective evaluation and monitoring procedures.
Attitude Objectives	The participants will recognize the value of family input in the assessment process.		The participants will value the need to use many resources when developing a comprehensive evaluation plan.

GOAL #3 Understand the basic procedures involved with assessing young children.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Recognize the impact of the assessment environment on the young child's performance.	State the components of a transdisciplinary play-based assessment environment.	Recognize the limitations of school-based assessment procedures in early childhood special education programs.
Knowledge Objectives	The participants will be able to discriminate between the characteristics of school-age and preschool children regarding assessment procedures and performance styles.	The participants will be able to list the components of the play-based assessment environment.	The participants will be able to identify characteristics of young children in assessment settings.
Skill Objectives	The participants will be able to identify guidelines for assessing young children.	The participants will be able to compare the traditional assessment team members' roles with the roles assumed by transdisciplinary play-based assessment teams.	The participants will be able to identify resources that would assist them in developing effective early childhood special education assessment teams.
Attitude Objectives	The participants will be able to recognize the value of a positive environment on one's performance and behavior.	The participants will be able to identify characteristics of multidisciplinary and transdisciplinary procedures.	The participants will recognize the value of individual disciplines used in a team process.

GOAL #4 Recognize the variety of assessment instruments available to assess young children.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	State advantages and disadvantages of different assessment tools, including criterion-referenced tests, norm-referenced tests, and structured observations for use with preschoolers.	Identify guidelines for selecting appropriate assessment tools for use with the preschool population.	Identify community resources that may assist in either selecting appropriate assessment tools or lending assessment tools.
Knowledge Objectives	The participants will be able to recognize the wide range of assessment tools and procedures available for use by preschool assessment teams.	The participants will be able to define terminology related to technical adequacy of assessment tools and procedures.	The participants will be able to identify printed personnel resources.
Skill Objectives	The participants will be able to identify the appropriate use of a variety of assessment tools.	The participants will be able to critique the technical adequacy of commonly used preschool assessment tools.	
Attitude Objectives			

GOAL #5 Understand the use of systematic observation in assessing young children.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understanding the value of systematic observation in the early childhood special education process.	Complete a systematic observation and summarize the findings from a developmental perspective.	Recognize that observing in multiple settings is necessary for effective program planning.
Knowledge Objectives	The participants will be able to understand the rationale for using systematic observations.	The participants will be able to identify the components of a systematic observation.	The participants will be able to state the advantages of multiple observations in a variety of settings.
Skill Objectives	The participants will be able to discriminate between systematic observation and informal observation procedures.	The participants will be able to demonstrate skill in completing a systematic observation and summarize the findings.	
Attitude Objectives	The participants will be able to recognize the value of observation as part of the assessment process.		

GOAL #6 Understand variables related to summarizing and sharing assessment results.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Identify components of the assessment summary report.	Identify effective strategies for communicating assessment summary findings.	Value post-assessment conference for both parents and professionals.
Knowledge Objectives	The participants will become familiar with the components of the assessment summary report and the documentation necessary to determine eligibility.	The participants will become familiar with facilitators for enhancing communication during the post-assessment conference.	
Skill Objectives	The participants will be able to identify the documentation necessary to determine eligibility.	The participants will be able to identify facilitators of and barriers to communication during the post-assessment conference.	
Attitude Objectives			The participants will recognize the value of the post-assessment conference to both parents and professionals.

GLOSSARY

Adapt: Changing or modifying the time (schedule), space, materials, or expectations of the environment to better meet the needs of an individual child or class.

Adaptive behavior: Addresses self-help, independent functioning, and personal and social responsibility as is appropriate for a same-age peer and according to one's cultural group.

Adaptive computer access: Use of an alternative input device for the computer which gives the student with disabilities an alternate means of access when the regular keyboard may not be appropriate. These include expanded keyboards, switches, touch windows, joysticks, and voice input.

Adaptive firmware card: A special card placed inside the Apple computer which allows transparent access to commercial software by any one of 16 input methods, including scanning, Morse code, expanded keyboards, and adaptive keys.

Adaptive keyboard: An alternative keyboard usually attached to the computer with an adaptive firmware card. Adaptive keyboards are generally programmable and allow the student to send information to the computer in the most efficient form based on individual needs.

Age appropriate: Experiences and/or a learning environment that support predictable growth and development in the physical, social, emotional, and cognitive domains that are typical for children at specific chronological ages.

Anecodotal records: A brief account of a situation that provides a factual description of an incident, behavior, or event.

ANSI: American National Standards Institutes: Institute which adopted a standard for the threshold of normal hearing.

Anti-bias curriculum: Developmentally appropriate materials and equipment which project an active/activist approach to challenging prejudice, sterotyping, bias, and "isms."

Appropriate environment: Surroundings that are suited to both the age and the individuality of all children present.

Appropriate practice: Techniques or a style used with young children that is age and individually appropriate.

Assertive: To maintain or defend rights without being hostile or passive.

Assessment: The collection of information through different types of procedures such as criterion-referenced tools, norm-referenced tools, observation, interviews, and anecdotal records.

Assistive device: Any specific aid, tool, or piece of equipment used to assist a student with a disability.

Associative play: A type of play in which a child plays with others in a group and subordinates his/her individual interest to the interests of the group.

At-risk: Students that have a greater chance of experiencing difficulties developmentally or at school due to social, economic, environmental, or biological factors.

Augmentative and alternative communication (AAC): An integrated group of symbols, aids, strategies, and techniques used by a student to enhance communication abilities. The system serves to supplement the student's gestural, spoken and/or written communication abilities. AAC strategies include the full range of approaches from "low tech" concrete and symbolic ones to "high tech" electronic voice out-put systems.

Battery device adaptor: Adaptation which allows a battery-operated device to be activated by a switch.

Boot: The process of turning the computer on and loading a program into memory.

Byte: The area of storage needed for storing a single character of the alphabet in memory. One thousand twenty four bytes are equivalent to one K of memory. One byte is made up of eight on/off electronic impulses called "bits." Knowing how much memory is available on your computer will ensure appropriate planning for software selection.

Categorical orientation: A philosophical approach to assessment designed to yield a diagnostic label; labeling a child according to some presumably underlying condition (e.g., learning disability, mental retardation, or behavior disorder).

Center-based services: Educational services that are provided at a central location, typically through a classroom type format.

Character: Refers to any letter, number, punctuation mark, or space used to represent information on the computer.

Child-initiated activity: An activity selected by a child with little or no intervention by another child or adult.

Close-ended materials: Materials that have one or two ways in which children can play with them and which offer few opportunities for creativity and experimentation.

Cognition: Application of intellect as opposed to feelings/affect in mental processes.

Collaboration: Interaction between people to solve a problem; working and sharing together for a common goal.

Collaborative: A group of agencies and parents working together to ensure quality services for young children with disabilities.

Communication skills: Receptive and expressive language, facial expressions, body language, gestures, etc. that allow a child to respond across settings.

Computer: It is the processing unit, memory, and power supply source of the computer system. Attached to the computer are the monitor, the input device (e.g., keyboard), and the disk drive. [Also called the central processing unit (C.P.U.).]

Computer assisted instruction (CAI): Refers to all instruction which is conducted or augmented by a computer. CAI software can target the full range of early childhood curricular goals, with formats that include simple exploration, educational games, practice, and problems solving.

Computer switch interface: Device which allows single switch access to a computer.

Constructive play: Play in which a child purposefully manipulates materials in order to build structures and produce novel or conventional creations.

Control unit: The unit that enables electrical devices to be activated by a switch.

Cooperative play: Play in which a child plays with other children in activities organized to achieve a common goal, may include interactive dramatic play or formal games.

Co-playing: Occurs when an adult joins in an ongoing play episode but lets the children control the course of the play.

Criterion-referenced tests: Evaluation tools which are specifically constructed to evaluate a person's performance level in relation to some standard.

Curriculum-based assessment: An assessment of a child's abilities or behaviors in the context of a predetermined sequence of curriculum objectives.

Cursor: The small blinking symbol on the monitor which indicates that the computer is waiting to receive information.

Dedicated device: A device containing a computer processor dedicated strictly to processing and producing voice output.

Developmental: Having to do with the typical steps or stages in growth and development before the age of 18.

Developmentally appropriate: The extent to which knowledge of child development is applied in program practices through a concrete, play oriented approach to early childhood education. It includes the concepts of age and individual appropriateness.

Developmentally appropriate curriculum: A curriculum planned to be appropriate for the age span of the children within the group and is implemented with attention to individual and differing needs, interests, and skills of the children.

Developmentally appropriate practice (DAP): Curriculum which is appropriate to the age and individual needs of children.

Differentiated referral: Procedures for planning, implementing, and evaluating interventions which are conducted prior to referral for multifactored evaluation.

Digitized speech: Speech that is produced from prerecorded speech samples. While digitized speech tends to be more intelligible and of higher quality than synthesized speech other factors such as the speaker system play into the overall effect.

Direct selection: A selection which is made on a computer through either a direct key press or use of a light to directly point to the desired key.

Discrepancy analysis: A systematic assessment process in which skills required for a task are identified and compared to a child's current skills to determine the skills that need to be taught or for which adaptations need to be made.

Disk: The item used to store computer programs. [Also known as a diskette or floppy disk.]

Disk drive: Component of computer system which reads program information stored on disk.

Documented deficit: Area of development or functioning for a child that has been determined to be delayed based on data obtained through structured interview, structured observation, norm-referenced and criterion-referenced/curriculum-based assessments.

Domain-referenced tests: Evaluation instruments which emphasize the person's performance concerning a well-defined level or body of knowledge.

Dramatic play: Play in which a child uses objects in a pretend or representational manner. [Also called symbolic play.]

Eligibility: Determination of whether a child meets the criteria to receive special education services.

Evaluation: A comprehensive term which includes screening, assessment, and monitoring activities.

Event Sampling: A type of systematic observation and recording of behaviors along with the conditions that preceded and followed them.

Expanded keyboard: Larger adapted keyboards that replace the standard keyboard for a child whose motor control does not allow an efficient use of a regular keyboard. With the use of special interfaces, the size and definition of the keys can be alterd based on the needs of the child.

Expectations: The level of behavior, skill, and participation expected within the classroom environment.

Exploratory play: Play in which a child learns about herself and her world through sensory motor awareness and involvement in action, movement, color, texture, and sound. Child explores objects and the environment to find out what they are about.

Family: Parents and their children; a group of persons connected by blood or marriage; a group of persons forming a household.

Fixed vocabulary: Vocabulary that has been pre-programmed by the manufacturer within a communication device. In some cases it can be altered. In other cases, revisions must be submitted to the manufacturer for re-programming.

Formative evaluation: The collection of evaluation data for the purpose of supporting decisions about the initial and ongoing development of a program.

Functional approach: A philosophical orientation to assessment and curriculum which seeks to define a child's proficiency in critical skills necessary for the child to be successful at home, at school, in the community, etc.

Functional play: Play in which a child repeats simple muscular movements or utterances. The repetitive action provides practice and allows for exploration.

Funding advocate: Individual who assumes critical role of developing a funding strategy, pursuing appropriate sources and patiently advocating on behalf of the child until funds are procured.

Funding strategy: A methodical play developed by the funding advocate for procuring funding which is based on a determination of unique individual needs and an understanding of the resources and requirements of appropriate systems.

Generalization: The integration of newly-acquired information and the application of it to new situations.

Graphics: Pictures and other visual information generated by the computer.

Grief: Reaction to loss; feelings parents may experience when confronted with information about their child's disability.

Hardware: Refers to all electronic and mechanical components making up the computer system, including the computer, monitor, disk drive, printer, and peripherals.

I.D.E.A.: Individuals with Disabilities Education Act.

Identification: The process of locating and identifying children who are eligible for special education services.

Imaginative play: Play in which a child uses toys or objects for imitation, role-playing, and pretending.

Incidental learning: Information learned in the course of play and other informal activities without the need for any specific teaching.

Individual appropriateness: Experiences that match each child's unique pattern of growth, personality, learning style, and family/cultural background.

Individual Family Service Plan (IFSP): A written plan for an infant or toddler developed jointly by the family and appropriate qualified personnel.

Individualized Education Program (IEP): A written education plan for a preschool or school-aged child with disabilities between the ages of three and 21 which is developed by a professional team and the child's parents.

Informal tests: Measures that are not standardized and are developed to assess children's learning in a particular area.

Initialize: A necessary process for preparing a computer disk to store information for the first time. Any information on the disk will be erased when the disk is initialized.

Input device: Any component or peripheral device which enables the child to input information to the computer. While the keyboard is the most common, other input devices include switches, adapative keyboads, joysticks, power pads, and touch windows.

Integrated preschool: A preschool class that serves children with disabilities and typically developing peers in the same setting.

Integration: Participation of children with disabilities in regular classroom settings with typically developing children.

Integration (of technology): A process in which assistive technology is effectively utilized to provide a child who has disabilities equal opportunity to participate in ongoing curricular activities. It involves using technology to augment internal capabilities in the accomplishment of desired outcomes in academic, social, domestic, and community settings and involves awareness-building on the part of all staff and peers.

Interdisciplinary: A model of team organization characterized by professionals from several disciplines who work together to design, implement, and document goals for an individual child. Expertise and techniques are shared among the team so all members can assist the child in all domains; all members assess or provide direct service to the child.

Interface: A connection between a computer and an add-on peripheral device.

Interface card: A circuit board which can be inserted into one of the expansion slots to add specific capabilities to the computer. Examples are Adaptive Firmware Card™ or Echo™.

Interpersonal communication: Communication with others.

Intrapersonal communication: Communication with oneself.

I/O game port: Ports located on or in the computer that allow the user to plug in peripheral devices.

Itinerant services: Services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location.

Joy stick: An input device for the computer which has a control stick and two buttons. Rotating the stick moves the cursor in a circle. Pressing the buttons can control other program features.

K: Stands for kilo or 1,000 (actually 1,024) bytes of memory. A computer with 64K has storage for 64 kilobytes of data.

Keyguard: A plastic or metal sheet with finger-sized holes that covers a standard or alternative keyboard to help children who have poor motor control to select the desired keys.

LEA (Local Education Agency): The public school district which is responsible for a student's education.

Leaf switch: Flexible switch that is activated when bent or gently pressed.

Least restrictive environment (LRE): To the maximum extend appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Manipulative play: Play in which a child acts upon objects in order to physically explore and control the objects.

Mask: A cardboard or plastic device that is placed over keyboard sections on a computer or communication device to block out unnecessary keys and assist the child in focusing on the target keys for a particular function.

Maximize: Making maximal use of the materials and environmental cues readily available in the typical early childhood environment in order to enhance the participation skills of children with disabilities within that classroom setting.

Megabyte: A unit of measure for computer memory. One megabyte equals 1,048,576 bytes or characters.

Memory: Computer chips which have the capacity to store information. Information stored in Read Only Memory (ROM) is stored permanently for the computer and cannot be erased. Random Access memory (RAM) is a temporary storage area for programs and data. RAM is erased when the computer is turned off and therefore must be stored on a disk or hard disk drive.

Mercury (tilt) switch: Gravity sensitive switch which activates when tilted beyond a certain point.

Modem: A peripheral device which allows a computer to send and receive data from another computer over the telephone lines.

Monitor: A screen which provides a visual display of the information being processed by the computer.

Motor planning: The discovery and execution of a sequence of new, non-habitual movements. Examples: Climbing through an unfamiliar obstacle course, learning to remove a sweatshirt or to tie a bow. Once the sequence is learned, it does not require motor planning to repeat it.

Mouse: A computer device that controls the pointer on the monitor. By clicking a mouse, a child can provide input to the computer.

Multifactored assessment: An evaluation of more than one area of a child's functioning so that no single procedure shall be the sole criterion for determining an appropriate educational decision. Such an evaluation includes professional staff from many disciplines.

Multidisciplinary; A model of team organization characterized by professionals from several discipines working independently who relate information concerning their work with an individual child to each other but do not coordinate, practice, or design a total educational program together.

Muppet learning keys: A touch sensitive keyboard designed specially for use with children. Letters and numbers are arranged in sequence, and keys are marked with colorful Muppet characters.

Norm-referenced tests: Tests that compare the performance of an individual against a group average or norm. Such tests often utilize standard scores, percentile ranks, age equivalencies, or developmental quotients.

Object permanence: The recognition of the existence of objects by children even after all or part of it is out of sight. Peek-a-boo is an early game to help baby begin to develop object permanence.

Observation: To take notice or pay attention to what children say and do in order to gather and record information for the purpose of interacting more effectively with them.

Open-ended materials: Materials which offer a wide range of opportunities for creativity and experimentation and that do not have just one or two ways in which a child can play with them.

Output: Any information that is transferred from the computer to another device such as a printer or speaker.

Output device: Any device that receives information from the computer and makes it available to the child in an understandable form. Output devices include monitors, printers, and speech synthesizers.

Overlay: Paper or plastic sheet which fits over a computer keyboard or electronic communication device containing symbols or icons depicting the information stored in the active areas below.

Parallel play: A situation in which a child plays independently with materials similar to those used by children playing in close proximity. Social contact is minimal.

Peer-initiated acitivity: A child becomes involved in an activity following the observation of a peer engaged in play or through invitation by that peer.

Peripheral: Any hardware device which is outside, but connected to, the computer. Peripherals include input and output devices such as joysticks, touch windows, adaptive keyboards, speech synthesizers, and printers.

Physical play: Action that is frequently social, may be competitive, and includes rough-and-tumble activities.

Plate switch: The most common type of switch. Downward pressure on plate causes circuit to be completed and connected object will be activated.

Play: Freely chosen, spontaneous, and enjoyable activities which assist in organizing cognitive learning, socialization, physical development, communication, etc.

Play-based assessment: Assessing children in a natural play-oriented setting as opposed to a traditional assessment environment in which the examiner controls the child's behavior through standardized testing procedures.

Play tutoring: An adult initiates a new play episode taking a dominant role and teaching the child new play behaviors.

Port: A socket on the back panel or on the logic board of the computer for connecting peripheral devices.

Power pad: A touch sensitive pad used as an alternate means of accessing the computer. Overlays define press areas necessary to activate special software programs.

Practice play: Involves the child's pleasurable repetition of skills that have been previously mastered.

Pressure sensitivity: Refers to the amount or degree of touch sensitivity required to activate a device.

Preventative approach to managing behavior: Adults set the stage for an environment that is child-centered, based on developmentally appropriate activities, expectations, and techniques, and organized to address positive discipline.

Printer: The device which produces a printed "hard copy" of the text or graphics from the computer.

Program: A set of instructions for the computer which allows it to carry out a specific function or task.

Programmable vocabulary: Refers to communication devices that can be programmed on site, as opposed to being returned to the manufacturer for programming.

Public domain software: Programs which are not copyrighted and are available for copying.

Public Law 94-142: A law passed in 1975 requiring that public schools provide a "free, appropriate public education" to school-aged children regardless of handicapping conditions (also called the Education of the Handicapped Act).

Public Law 99-457: *The Education of the Handicapped Act Amendments of 1986.* This law mandated services for preschoolers with disabilities and established the Part H program to assist states in the development of a comprehensive, multi-disciplinary, and statewide system of early intervention services for infants and toddlers (birth to age three).

Public Law 101-476: *The Education of the Handicapped Act Amendments of 1990.* This law changed the name of EHA to the Individuals with Disabilities Education Act (I.D.E.A.). The law reauthorized and expanded the discretionary programs, mandated that transition services and assistive technology services be included in a child's or youth's IEP, and added autism and traumatic brain injury to the list of categories of children and youth eligible for special education and related services among other things.

Pure-tone hearing test: Test that detects hearing loss using pure tones (frequencies) varing from 250 Hz to 8,000 Hz. This is the range that includes most speech sounds.

Rating scales: Tests used in making an estimate of a child's specific behaviors or traits.

Reliability: A measure of whether a test consistently measures what it was designed to measure. The focus is on consistency.

Role release: Mutual sharing of knowledge and expertise by professionals on a team in order to enhance service delivery to the child and family which enables each team member to carryout responsibilities traditionally assigned to another member of the team.

Running record: A narrative description involving a record of a child's behavior and relevant effects for a period of time.

Scanning: A process by which a range of possible responses is automatically stepped through. To select a response, the child activates the switch at the desired selection.

Screening: A process of identifying and referring children who may have early intervention needs for further assessment.

Self-control: The voluntary and internal regulation of behavior.

Shareware: Public domain software available for trial use prior to purchase.

Sip 'n puff: A type of switch which is activated by sipping or puffing on tubing.

Social competence: The ability of a child to interact in a socially acceptable and developmentally appropriate manner.

Software: The programs used by the computer which are available on both 3.5″ and 5.25″ disks.

Solitary play: A situation in which a child plays alone and independently with materials different from those used by children playing in close proximity. No social contact occurs.

Speech synthesizer: An output device which converts electronic text characters into artifical speech. A circuit card interfaces the computer and speaker, enabling the production of "spoken" output.

Standardized tests: Tests which include a fixed set of times that are carefully developed to evaluate a child's skills or abilities and allow comparison against a group average or norm.

Structured interview: An interview employing carefully selected questions or topics of discussion.

Structured observation: A situation in which the observer utilizes a predetermined system for recording child behaviors; also referred to as a systematic observation.

Structured play: Carefully planned activities with specific goals for adult/child, child/child, or child/materials interaction.

Summative evaluation: Evaluation strategies designed to measure program effectiveness.

Switch: A device that can be used to control an electronic object. A switch can be used as an alternative means of accessing an electronic toy or appliance, communication system, mobility device, or computer.

Switch interface: A connection between a switch and the object being controlled. A timer is an interface used to control how long the item will remain turned "on."

Switch latch interface: An interface which turns a device on and then off with each switch activation.

Symbolic play: Play in which a child uses one object to represent or symbolize another.

Synthesized speech: Speech that is produced by blending a limited number of sound segments. Because it is simply a combination of established sounds, it tends to sound robotic.

Systematic intervention: An approach which utilizes data collection to determine the effectiveness of the intervention.

Systematic observation: See "Structured Observation."

Tactile: Having to do with the sense of touch.

Teacher-directed activity: An activity in which the adult initiates and continues to supervise children's play. This type of supervision can be used to direct children, help them learn to initiate and attend to an activity, and to provide reinforcement for their participation.

Teacher-initiated activity: One in which the adult brings attention to an activity, but withdraws as children become involved and play on their own.

Time sampling: A type of systematic observation whereby tallies are used to indicate the presence or absence of specified behaviors over short periods of time.

Touch window: A touch sensitive screen designed as an alternative means of accessing the computer. The child simply touches the screen (attached to the monitor) to provide input to special computer programs.

Transdisciplinary: An effective team approach to IEP development and problem-solving which involves "role release" on the part of the team members resulting in problem-solving through a mutual sharing of all disciplinary perspectives. One professional is assigned the role of "primary" service provider.

Typically developing child: A child who is not identified as having a disability.

Unicorn keyboard: An alternative computer keyboard for use when a standard keyboard may not be accessable; 128 one-inch square keys can be redefined to create larger areas to accommodate the physicial capabilities of the child.

Unidisciplinary: Professionals from various disciplines (education, speech, motor, etc.) provide intervention services to the same child with little or no contact or consultation among themselves.

Unstructured play: Adult observes the child's play and attempts to fit into and be responsive to the play to the degree that the child allows or seems interested.

Validity: A measure of whether test items measure the characteristic(s), aptitude, intelligence, etc. that they were designed to measure.

VOCA: Voice output communication aid. This term refers to any electronic AAC approach which produces voice output.

Voice input: A voice recognition system which enables the computer to receive, recognize, and convert human voice input into data or other instructions.

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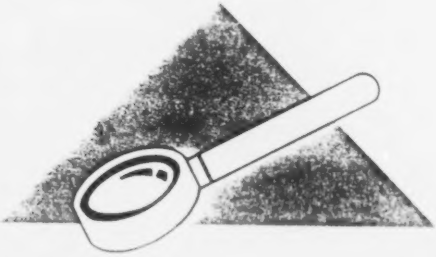
PROJECT PREPARE

Leaders Planning Guide
and
Evaluation Form

Assessment



LEADER PLANNING GUIDE

In order to assure successful in-service presentations, a number of critical items must be addressed by the leader before, during, and after the training day.

Before the Training Day:

_____ Arrange for setting (e.g., meeting room, chairs, lunch, and audio visual materials and equipment)

_____ Prepare and disseminate flyer

_____ Review module and prepare presentation
  a. Review Glossary
  b. Collect or prepare materials needed for selected activities (e.g., toys, videos)

_____ Duplicate necessary overheads and handouts

_____ Prepare and duplicate agenda

_____ Duplicate Pre/Posttest
(May be sent before session and returned with registration in order to assist in planning)

_____ Duplicate participant evaluation form

_____ Prepare a sign-in form in order to gather name and position (discipline) of participants

During the Training Day:

_____ Require each participant to sign in

_____ Provide each participant with:

  _____ Agenda

  _____ CEU information (if applicable)

  _____ Pre/Posttest

  _____ Necessary handouts

  _____ Participant evaluation form (end of the day)

_____ Explain CEU process (if applicable)

_____ Explain participant evaluation process

______ Have participants complete Pretest (if not completed earlier)

______ Present module seminar

______ Collect CEU information and checks (if applicable)

______ Have participants complete Posttest and participant evaluation form

______ Collect completed Posttest and participant evaluation forms

After the Training:

______ Complete the leader evaluation form

______ Mail a copy of the following to:
Project Prepare
Cuyahoga Special Education Service Center
14605 Granger Road
Maple Heights, Ohio 44137

______ Leader evaluation form

______ Compilation of Participant evaluation forms

*Are you seeking Project Prepare Certification? ____ Yes ____ No

*All qualified staff development leaders are encouraged to use the materials for the preparation of personnel who are working with young children who have special needs. Staff development leaders who wish to become certified Project Prepare Leaders are required to conduct a staff development session utilizating each of the nine Project Prepare modules. Each session must be at least five hours in length. Data regarding module certification will be gathered through the leader evaluation forms by Project Prepare, Cuyahoga Special Education Service Center. The names of the Project Prepare Certified Leaders will be placed on file with the Ohio Department of Education, Division of Early Childhood Education and the 16 Special Education Regional Resource Centers.

PROJECT PREPARE
LEADER EVALUATION FORM

Leader Name ____________________

Date ____________________

Agency ____________________

SERRC Region ____________________

Address ____________________

____

Module Title ____________________

Number of in-service participants __________

Using the sign-in form, please indicate the number of participants from the following disciplines or positions that attended the session.

Early Childhood Special Educator ( )
Early Childhood Educator ( )
Occupational Therapist ( )
Physical Therapist ( )
Speech/Language Therapist ( )

Special Educator ( )
Administrator ( )
Psychologist ( )
Teaching Assistant ( )
Parent ( )

Other (specify) ____________________

Please answer the following questions.

1. To what extent did these materials allow you to meet your in-service objective?

( ) Not at all ( ) Somewhat ( ) For the most part ( ) Completely

2. How would you rate the interest level of the activities?

( ) Low ( ) Average ( ) High

3. Would you recommend these materials to other professionals involved in early childhood staff development?

( ) Yes ( ) No

4. Comments ____________________

____

____

____

____

____

PARTICIPANT EVALUATION FORM

INTRODUCTION: Thank you for attending this in-service session. We would appreciate receiving your feedback on the success of the training on the questions listed below. The information that you provide will be used to help us plan future events.

DIRECTIONS: Please answer item 1 by placing a (√) beside your current position. For items 2 through 9 check the response that most closely matches your feelings about each statement. Supply the requested information for items 11 through 13.

1. Current Position:
   - ( ) Early Childhood Special Education Teacher
   - ( ) Early Childhood Teacher
   - ( ) Special Education Teacher
   - ( ) Regular Education Teacher
   - ( ) Speech/Language Therapist
   - ( ) Physical Therapist
   - ( ) Occupational Therapist
   - ( ) Administrator
   - ( ) Teaching Assistant
   - ( ) Parent
   - ( ) Other (please specify) ________________

	Unacceptable	Poor	Average	Good	Excellent
2. Overall, I felt that the in-service session was	( )	( )	( )	( )	( )
3. I felt that the organization of the in-service activities was	( )	( )	( )	( )	( )
4. The presenter's approach to sharing information was	( )	( )	( )	( )	( )
5. My understanding of the information presented today is	( )	( )	( )	( )	( )
6. The way in which this session met my (professional/parenting) needs was	( )	( )	( )	( )	( )
7. The new ideas, skills, and/or techniques that I learned today are	( )	( )	( )	( )	( )

	Unacceptable	Poor	Average	Good	Excellent
8. My motivation level for using the information and/or techniques presented today is	( )	( )	( )	( )	( )
9. The way in which children and/or families that I work with will benefit from my attendance today is	( )	( )	( )	( )	( )

10. Would you recommend this workshop to others?

( ) Yes ( ) No

11. What were the most useful aspects of this in-service?

12. Which aspects of the training do you feel could be improved?

13. Do you have any specific needs related to this topic that were not met by this in-service?

( ) Yes ( ) No

If yes, what additional information would you like to receive?

Assessment (General)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Identify parent and professional roles related to assessment as cited in federal and state legislation and rules.
					2. Identify advantages and disadvantages of interdisciplinary, multidisciplinary and transdisciplinary teaming models.
					3. Recognize the impact of the assessment environment on the young child's performance.
					4. State advantages and disadvantages of different assessment tools, including criterion-referenced tests, norm-referenced tests and structured observations for use with preschoolers.
					5. Understanding the value of systematic observation in the early childhood special education process.
					6. Identify components of the assessment summary report.

Comments: ____

____

____

____

____

Assessment (Staff)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Identify developmental areas to be assessed and eligibility requirements as identified in federal and state legislation.
					2. Link assessment data presented by the multi-factored assessment team to program planning, implementation, and evaluation.
					3. State the components of a transdisciplinary play-based assessment environment.
					4. Identify guidelines for selecting appropriate assessment tools for use with the preschool population.
					5. Complete a systematic observation and summarize the findings from a developmental perspective.
					6. Identify effective strategies for communicating assessment summary findings.

Comments:

Assessment (Administrator)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

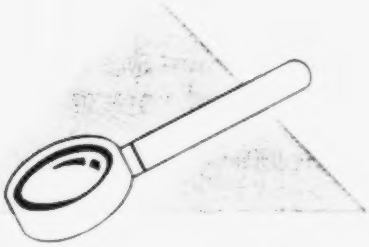
0	1	2	3	4	
					1. Identify role of LEA in the assessment process as identified in federal and state legislation.
					2. Identify program evaluation and monitoring procedures appropriate for early childhood special education programs.
					3. Recognize the limitations of school-based assessment procedures in early childhood special education programs.
					4. Identify community resources that may assist in either selecting appropriate assessment tools or lending assessment tools.
					5. Recognize that observing in multiple settings is necessary for effective program planning.
					6. Value post-assessment conference for both parents and professionals.

Comments: ____

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Assessment

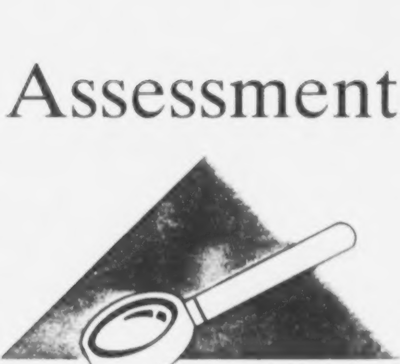


General

GOALS

1. Understand state and federal mandates relating to assessment of young children.
2. Be able to implement the assessment team process.
3. Understand the basic procedure involved with assessing young children.
4. Recognize the variety of assessment instruments available to assess young children.
5. Understand the use of systematic observation in assessing young children.
6. Understand variables related to summarizing and sharing assessment results.

Assessment



LEVEL: GENERAL

GOAL: **#1** Understand state and federal mandates relating to assessment of young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Identify parent and professional roles related to assessment as cited in federal and state legislation and rules.

OBJECTIVE: Participants will be able to identify roles and responsibilities of the assessment team.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group presentation Overview of thé CORE members of an assessment team and possible support members of the assessment team.	1. Transparency/Handout (G-T1) *The Early Childhood Assessment Team*	1. Discuss professional expertise and areas of assessment for which each team member might be responsible. Discuss overlap, varying perspectives, and value of observing as a team.
2. Small group activity Who's on the Team? The group will be divided into small groups (3-4). Each will be given a profile on an individual child and family. Group determines what the make-up for this assessment team should be ideally. Groups share their profile with the large group and give rationale for the members of their team.	2. Handouts (G-H1, 2, 3) *Profile of Child #1, 2, and 3* **Supplemental Resources** *The Early Childhood Identification Process: A Manual for Screening and Assessment*	2. Sharing of groups may vary depending on time available.

G-T1

THE EARLY CHILDHOOD ASSESSMENT TEAM

CORE ASSESSMENT TEAM MEMBERS

PARENT
PSYCHOLOGIST
EARLY CHILDHOOD EDUCATOR
SPEECH/LANGUAGE PATHOLOGIST

SUPPORT TEAM

Nurse

Social Worker

Special Education Teacher or Supervisor

Occupational Therapist

Adapted Physical Education Specialist

Other____________

Physical Therapist

Counselor

Building or Program Administrator

Audiologist

Early Childhood Teacher Assistant

Physician

PROFILE OF CHILD #1

Tamika is a three-year-old child who has been referred for an evaluation by her parent. Tamika has been diagnosed (according to mother) as being profoundly deaf. Tamika's mother shared that Tamika had begun to have some hearing loss early in life and her loss was first documented at the age of six months. Mother reported that the doctor felt that it was caused from an infection that was present during pregnancy and that it was anticipated that the loss would be degenerative.

Tamika received some intervention at the age of eighteen months and mother felt that it would be critical for her child to learn sign language. Mother made acquaintance with two or three deaf friends and reports that Tamika has over 100 signs at three years old. Mother also reports that Tamika has said words and continues to use common words such as "bye, bye," "potty," "love you," and "mommy." Mother reports that she also feels that Tamika can lip read because she often responds to common requests and watches the lips of others when they are speaking. Mother is unsure as to what the focus should be for her child in learning language, but she wants her to have a preschool experience.

RECOMMENDED MEMBERS OF THE TEAM RATIONALE

1.

2.

3.

4.

5.

6.

G-H2

PROFILE OF CHILD #2

Justin is five years old and has a diagnosis of Down Syndrome. He and his family have recently moved from North Carolina where he was in programming five days a week. Justin's parents are very involved in his program and articulate about his needs. Mother shared that Justin had made significant progress for his age and at three and a half he was initiating language, could walk and run, and was potty trained. Justin had major surgery when he was almost four and his skills drastically changed from that point. Currently, his language is not at the previous level, he can balance alone but needs assistance in ambulation, and they are again working on toileting.

Mother is looking for employment and is also searching for child care for Justin and his younger brother. Mother shared that she has approached two child care centers, but did not feel that they were prepared to deal with Justin's problems. She is eager to meet new friends and especially other parents of children who also have Down Syndrome.

Mother shared that she had had a baby sitter in North Carolina, but found that back-ups were a real problem. She is interested in an "integrated program" where Justin's little brother can also attend.

Mother also asked for recommendations for pediatricians and a family doctor in her new community. She is concerned that Justin will not get enough therapy in school and wonders if she can get "private" therapy as well.

RECOMMENDED MEMBERS OF THE TEAM RATIONALE

1.

2.

3.

4.

5.

6.

G-H3

PROFILE OF CHILD #3

Heidi is going to be three years old before fall and is currently attending an early intervention program for children birth through three. Her mother has been accompanying her two days a week to a center-based program where she receives physical therapy, occupational therapy, and language therapy services in an integrated approach in the classroom. Mother has also been very involved in parent education and has organized some parent activities with several other parents.

Heidi has a seizure disorder and is significantly delayed in all areas. Mother is most concerned about monitoring her seizure levels for input to her physician, who is in the process of changing medications. Heidi has been fed by a G-tube, but is beginning to take some foods and liquids orally.

Mother is very concerned about the transition to preschool and wants to be very involved in Heidi's program. She shares that she knows that Heidi has many unique needs and that frequent hospitalizations make intervention difficult. She feels that it is critical that she be able to communicate and work cooperatively with the team.

RECOMMENDED MEMBERS OF THE TEAM	RATIONALE
1.	
2.	
3.	
4.	
5.	
6.	

LEVEL: GENERAL

GOAL: **#1** Understand state and federal mandates relating to assessment of young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Identify parent and professional roles related to assessment as cited in federal and state legislation and rules.

OBJECTIVE: Participants will identify unique skills needed by an assessment team member of an early childhood team.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the unique assessment needs of young children.		1. Ask participants to consider how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might also influence assessment of young children.
2. Discuss unique skills needed by an Early Childhood Assessment Team Member.	2. Transparency/Handout (G-T2) *Special Characteristics of an Early Childhood Assessment Team*	2. Sharing of groups may vary depending on time available.
	Supplemental Resources "Qualities of Assessment Personnel," *The Early Childhood Identification Process: A Manual for Screening and Assessment*	

SPECIAL CHARACTERISTICS OF AN EARLY CHILDHOOD ASSESSMENT TEAM

- Understanding of early intervention program design in both the home and classroom
- Experience with young children
- Knowledge of early childhood development
- Skilled in observation techniques
- Positive attitude about the parent as team member
- Competent in utilization of preschool assessment techniques and instruments
- Flexibility in planning and implementing assessments with the team
- Ability to communicate effectively with parents and other professionals
- Knowledge and experience in teacher and parent consultation
- Understanding of developmentally appropriate and exceptionality appropriate programming

LEVEL: GENERAL

GOAL: **#1** Understand state and federal mandates relating to assessment of young children.

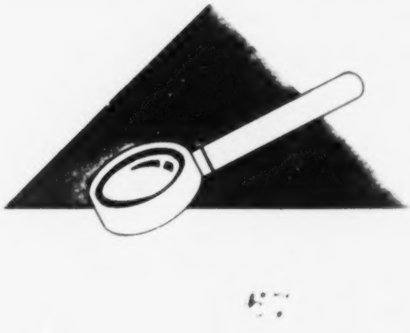
COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Identify parent and professional roles related to assessment as cited in federal and state legislation and rules.

OBJECTIVE: Participants will be able to give a rationale for the critical role of the parent in the assessment of the young child.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Brainstorming Activity — Develop list of reasons why the legislation has mandated such a strong parent component in P.L. 99-457, and P.L. 102-119.	**Supplemental Resources** P.L. 99-457, The Education of the Handicapped Act, Amendments of 1986 P.L. 102-119, Individual with Disabilities Education Act Amendments of 1991 (I.D.E.A.) Ohio Rules for Preschool Children with Disabilities, Chapter 3301-31 Garland, C.; N. W. Stone; J. Swanson; and G. Woodruff. *Early Intervention for Children with Special Needs and Their Families.* Spidel, J. "Involving Parents of the Exceptional Child," *Parents as Partners in Education: The School and Home Working Together,* pp. 273-312.	1. The legislation clearly mandates a family focus but is less specific on the preschool section. Due to traditional involvement of families in school settings, the "spirit" of the legislation should be the major point. How does diversity (ethnic, linguistic, etc.) among families affect professional responsibilities?
2. Videotape *Young and Special,* Unit I, Tape 4, "What Do I Tell the Parents?" (Working With parents), University Park Press, Baltimore, MD.	2. Video *Young and Special,* Unit I, Tape 4, "What Do I Tell the Parents?"	2. *Young and Special* series is excellent and available from all SERRC Centers. Ann Turnbull is featured in this segment as both professional and parent.

Assessment



LEVEL: GENERAL

GOAL: **#2** Be able to implement the assessment team process.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will identify advantages and disadvantages to interdisciplinary, multidisciplinary, and transdisciplinary teaming models.

OBJECTIVE: Participants will be able to define the terms interdisciplinary, multidisciplinary, and transdisciplinary teaming and describe the attributes of each.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present and discuss the three teaming models. Highlight the following concepts: a. team members' roles and responsibilities. b. level of family involvement. c. decision-making process. d. advantages and disadvantages of each model.	1. Handout/Transparency (G-H4, G-T3) *Three Teaming Models* Transparency (G-T4) *Traditional* vs. *Transdisciplinary* Play-based Assessment Team Roles Handouts (G-H5, 6) *Comparison of Team Member Roles* *Advantages and Disadvantages of Team Models*	1. The resource pages which accompany this module can be used as Transparencies and/or Handouts in group presentations. The leader might wish to brainstorm with the group in identifying the advantages and disadvantages associated with each model before sharing the Handout: *Advantages and Disadvantages of Team Models.*

G-H4

THREE TEAM MODELS

multidisciplinary: professionals from several disciplines working independently

interdisciplinary: professionals from several disciplines sharing information and ideas

transdisciplinary: professionals from several disciplines working interdependently

Reference: McGonigel, M. J. and Garland, C. W. (1988). The individualized family service plan and the early interven team: Team and family issues and recommended practices. *Infants and Young Children*. 1(1), 10-21.

7

THREE TEAM MODELS

multidisciplinary: professionals from several disciplines working independently

interdisciplinary: professionals from several disciplines sharing information and ideas

transdisciplinary: professionals from several disciplines working interdependently

(McGonigel & Garland, 1988).

TRADITIONAL VS. TRANSDISCIPLINARY PLAY-BASED ASSESSMENT TEAM ROLES

Traditional Model

> Team members evaluate isolated aspects of the child at different times.

> Team members assume "examiner" versus "facilitator" roles.

> Parents may or may not be present during all or any part of the assessment process.

> Focus is on quantitative information (i.e., performance of specific behaviors).

Transdisciplinary Play-Based Assessment Model

> All team members observe the child at the same time.

> Team sharing of information and ideas is critical.

> Parents are present and actively participate throughout the assessment process.

> Focus is on qualitative information (i.e., underlying processes related to the development of skills).

> One team member serves as "play facilitator."

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COMPARISON OF TEAM MEMBER ROLES

multidisciplinary: professionals from several disciplines working independently

- "side by side, but not separate"*
- team members exchange information
- independent roles and minimal interaction**
- "team" by association only**

interdisciplinary: professionals from several disciplines interacting with each other in order to coordinate their efforts

- members work toward a common goal
- intent is for goals and activities of each discipline to support and complement those of other disciplines**
- one team member serves as service coordinator

transdisciplinary: professionals from several disciplines working interdependently

- members share information and roles
- members assume and implement disciplinary aspects of the roles of other members**
- teacher usually serves as key facilitator of role release (i.e., "educational synthesizer")***

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*Peterson, N. (1987) *Early intervention for handicapped and at-risk children: An introduction to early childhood special education*. Denver, CO: Love Publishing.

**McCollum, J. A. & Hughes, M. (1988). Staffing patterns and team models in infancy programs. In Jorden, J. B.; Gallagher, J. J.; Huntinger, P. L.; and Karnes, M. B. (eds.) *Early childhood special education: Birth to three*. Reston VA.: Council for Exceptional Children.

***Bricker, D. (1976). Educational synthesizer. In M. A. Thomas, (Ed.), *Hey, don't forget about me* (pp. 84-97). Reston, VA: The Council for Exceptional Children.

G-H6

ADVANTAGES AND DISADVANTAGES OF TEAM MODELS

MULTIDISCIPLINARY

- > often results in isolated, fragmented services
- > families not considered equal partners
- > family receives little support in case management

INTERDISCIPLINARY

- > provides a formal structure for interaction and communication among team members
- > encourages sharing of information
- > family considered a team member but not equal partner
- > professional turf issues likely to surface
- > requires effective teaming skills

TRANSDISCIPLINARY

- > equal partner status of family
- > one person assumes role as primary service provider
- > requires effective teaming and service coordination skills

(Peterson, 1987; McCollum & Hughes, 1988; and Bricker, 1976).

LEVEL: GENERAL

GOAL: **#2** Be able to implement the assessment team process.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will identify advantages and disadvantages to interdisciplinary, multidisciplinary, and transdisciplinary teaming models.

OBJECTIVE: Participants will be able to analyze their program's assessment team process in relationship to the three different teaming models.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Ask participants to identify which teaming model best describes the assessment process utilized in their early intervention program.	1. Worksheet (G-W1) *Assessment Program Analysis*	1. It might be helpful for participants working in the same program to complete this activity as a group. The groups could then report their analysis to the group as a whole.

G-W1

ASSESSMENT PROGRAM ANALYSIS

Please analyze your program's assessment procedures in the following areas:

Role of Parents

_____ Provide background information.

_____ Watch the assessment process.

_____ Provide input during the assessment process.

_____ Receive assessment results.

_____ Invited to participate in all staffings.

Nature of Team Interaction

_____ Each discipline conducts own assessments independently.

_____ Members from various disciplines share information and ideas during the assessment process.

_____ Members from various disciplines work interdependently during the assessment process. How is this done?

____

____

____

Based on your analysis, identify the team model (multidisciplinary, interdisciplinary, transdisciplinary) which best describes your program.

____

LEVEL: GENERAL

GOAL: **#2** Be able to implement the assessment team process.

COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Participants will identify advantages and disadvantages to interdisciplinary, multidisciplinary, and transdisciplinary teaming models.

OBJECTIVE: Participants will recognize the value of family input in the assessment process.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss which teaming model best promotes family involvement in the assessment process. Invite a panel of parents who have participated in the early intervention assessment process to share their thoughts and feelings.	1. Worksheet (G-W2) *Family Involvement in the Assessment Process*	1. To structure the discussion, provide the parent(s) with the Worksheet: *Family Involvement in the Assessment Process.* Ask participants to share experiences relating to diversity in traditions, customs, values, etc. among families.
Discuss quotations regarding team roles.	Handout/Transparency (G-H7, G-T5) *For Thoughtful Consideration*	

G-W2

FAMILY INVOLVEMENT IN THE ASSESSMENT PROCESS

Questions for Parents

Could you please share some information about your child's assessment? Who was involved?

Were you with your child throughout the assessment process?

Did you have any other family members or friends with you during the assessment process?

Did the assessment process seem stressful to your child?

In what ways was the assessment process stressful to you?

How did you feel throughout the process?

In what ways were you involved during the process?

How did the assessment team share information about your child?

In what ways did this information seem to agree with what you already knew about your child; disagree with what you already thought?

What decisions were made immediately after the assessment process?

Were you comfortable with these decisions and the way in which they were made?

Is someone from the assessment team still involved in your child's program? If so, how?

FOR THOUGHTFUL CONSIDERATION

"Now that Public Law 99-457 is a reality, early intervention practitioners are asking how to best make a place for families ... a more appropriate question might be posed ... how early intervention professionals can become part of the family's team, on which the family already functions as team captain and decision maker."

(McGonigel, M. J. & Garland, C. W., 1988, p. 31)

"Teams examining their own structure and function ... will be best served by arriving at a consensus about their team's goal and constraints, and then choosing the model of team interaction that allows these goals to be met."

(McGonigel, M. J. & Garland, C. W., 1988, p. 24)

Reference: *McGonigel, M. J. & Garland, C. W. (1988). The individualized family service plan and the early intervention team: Team and family issues and recommended practices. *Infants and Young Children*. 1(1), p. 23-31.

FOR THOUGHTFUL CONSIDERATION

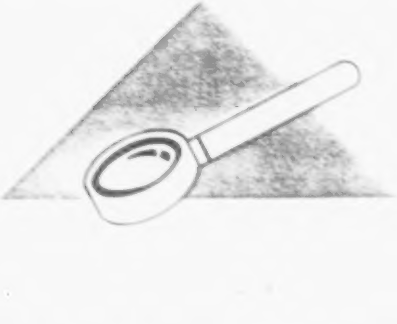
"Now that Public Law 99-457 is a reality, early intervention practitioners are asking how to best make a place for families ... a more appropriate question might be posed ... how early intervention professionals can become part of the family's team, on which the family already functions as team captain and decision maker."

"Teams examining their own structure and function ... will be best served by arriving at a consensus about their team's goal and constraints, and then choosing the model of team interaction that allows these goals to be met."

(McGonigel & Garland, 1988, pp. 24 & 33).

GOAL 3

Assessment



LEVEL: GENERAL

GOAL: **#3** Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will recognize the impact of the assessment environment on the young child's performance.

OBJECTIVE: Participants will be able to discriminate between the characteristics of school-age and preschool children regarding assessment procedures and performance styles.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present information on the impact of the assessment or testing setting on performance outcomes.	1. Transparency (G-T6) *Characteristics of Preschoolers* Worksheet (G-W3) *Challenge of Assessing Young Children*	1. It is important for the leader to distinguish to participants the difference between naturalistic assessment and unnaturalistic assessment. This information is provided in chapters one and two of the Linder text.
2. Large or small group activity Ask participants to list characteristics of school-age children being assessed and then to list characteristics of preschoolers involved in assessment activities. Write the listing on the chalkboard, or use Worksheet. Next, discuss what implications, if any, there are for assessing preschoolers.	**Supplemental Resources** Linder, T. W. (1990) *Transdisciplinary Play-Based Assessment*	

CHARACTERISTICS OF YOUNG CHILDREN

Young children are:

grumpy curious noisy

on the go self-oriented

moody in charge small

independent egocentric

always hungry the boss

not predictable ....

From C. Mandell and C. Quick (1989) PAINT: Parent-Professional Assessment Intervention Teaming Training manual, Toledo, OH: Early Childhood Associates, Inc.

THE CHALLENGE OF ASSESSING YOUNG CHILDREN

Professionals experienced in evaluating young children appreciate the important role the assessment environment has on performance. Young children are very different from school-age children. These differences must be respected and honored, especially when decision making is required.

Preschoolers are not necessarily willing participants. In fact, some of them are very good at demonstrating how unwilling they can be! If we want to determine the young child's developmental strengths and needs, behavioral style, and temperament, then we must present to the child an environment that encourages exploration and participation and one that is built on trust.

ACTIVITY:

List below differences you have observed between primary school-age children and preschoolers. If time permits, identify differences between three and five year olds. Compare the two groups in a variety of settings, such as the classroom, on the playground, circle time, large group activities, housekeeping play, etc.

PRIMARY SCHOOL-AGE BEHAVIORS:

1\.
2\.
3\.
4\.
5\.
6
7\.
8\.
9\.
10\.

PRESCHOOL BEHAVIORS:

1\.
2\.
3\.
4\.
5\.
6\.
7\.
8\.
9\.
10\.

LEVEL: GENERAL

GOAL: #3 Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will recognize the impact of the assessment environment on the young child's performance.

OBJECTIVE: Participants will be able to identify guidelines for assessing young children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Brainstorm to identify appropriate assessment guidelines for use with preschoolers. Write the responses on the board and compare them with the guidelines developed from the professional literature. (See Transparency: *Guidelines for Assessing Young Children*).	1. Handout/Transparency (G-H8) *Guidelines for Assessing Young Children.* **Supplemental Resources** Brooks-Gunn, J. & Lewis, M. (1981) Assessing Young Handicapped Children: Issues and Solutions. *Journal of the Division for Early Childhood.*	1. Remind participants to consider differences among young children associated with diversity (e.g., ability, cultural, racial, religious, gender, etc.).

G-H8

GUIDELINES FOR ASSESSING YOUNG CHILDREN

- **FLEXIBILITY:**
  - Schedule changes to meet child's needs
  - Adapt testing session
- **PLANNING:**
  - Review parent information
  - Review medical information
  - Review other pertinent information
  - Arrange materials ahead of time
  - Know the test and materials
- **RAPPORT:**
  - Initially, provide child with space
  - Next, interact with child, perhaps by playing child's favorite game
  - Encourage parent participation
  - Use high interest materials
  - Alternate materials if necessary
  - Plan on the child being active and impulsive. These are normal behaviors
- **SETTING:**
  - Change sitting or positioning to promote performance. Use floor mats
  - Permit child to sit in parent's lap
  - Reinforce with variety of rewards, including edible, diet permitting

LEVEL: GENERAL

GOAL: #3 Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: VALUE/ATTITUDE

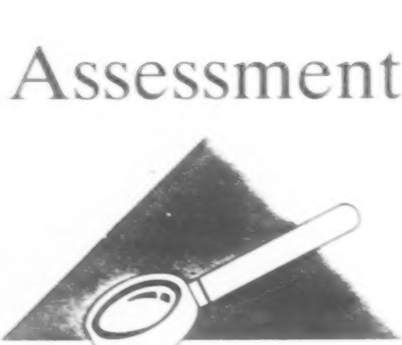
COMPETENCY COMPONENT: Participants will recognize the impact of the assessment environment on the young child's performance.

OBJECTIVE: Participants will be able to recognize the value of a positive environment on one's performance and behavior.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity The purpose of this activity is to underscore the importance of providing the young child with a safe, comfortable assessment environment. Ask the participants to remember a life event that was safe for them. Have them write a brief account of this event using descriptive words. As a group discuss the participants' responses. Focus on the idea that when one feels safe and comfortable, such as in a play-based assessment environment, one is more likely to demonstrate their potential. Ask them to compare/contrast feelings young children might have in traditional assessment settings.		

GOAL 4

Assessment



LEVEL: GENERAL

GOAL: **#4** Recognize the variety of assessment instruments available to assess young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will state the advantages and disadvantages of different types of assessment tools, including criterion-referenced tests, norm-referenced tests, and structured observations for use with preschoolers.

OBJECTIVE: Participants will be able to recognize the wide range of assessment tools and procedures available for use by preschool assessment teams.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review purposes of assessment. Next, introduce the following terminology: criterion-referenced tests, norm-referenced tests, standardized tests, and structured observation.	1. Handout/Transparency (G-H9, G-T7) *Process of Assessment* Transparency (G-T8) *Sources of Information* Handout (G-H10) *Types of Assessment Procedures* **Supplemental Resources** Telzrow, C., Ellison, C., & Bohmer, D. (1981) *A Model for Comprehensive Service Delivery for Preschool Handicapped Children.* Meisels, S., Provence, S. (1989) *Screening & Assessment: Guidelines for Identifying Developmentally Disabled and Developmentally Vulnerable Children and Their Families.*	1. Remind participants of legal requirements for nonbiased and nondiscriminatory assessment. Discuss implications.

PROCESS OF ASSESSMENT

- **Determine If Developmental Delay Exists**

  Screening assessment activities focus on determining whether or not the young child's development is appropriate. If not, the child is referred for a multifactored evaluation assessment.

- **Identify Appropriate Intervention Plan**

  Assessment activities focus on identifying an appropriate early intervention program for the young child with disabilities. Assessment activities determine the type of program, such as home- or center-based, and the curriculum which best meets the child's needs.

- **Monitor Child's Progress**

  Growth and development are impacted by the family and others, as well as events, within the environment. It is unrealistic to know when and where these changes will occur. Therefore, it is important for professionals to regularly and frequently assess progress to determine what changes, if any, need to be made in the early intervention program.

- **Monitor Program Effectiveness**

  Often program effectiveness is measured by children's progress. However, other variables include: long range impact, changes in parents and other family members, and cost effectiveness.

G-T7

PROCESS OF ASSESSMENT

DETERMINE IF DEVELOPMENTAL DELAY EXISTS

- INTERVENTION PLAN
- MONITOR PROGRESS
- MONITOR PROGRAM EFFECTIVENESS

G-T8

SOURCES OF INFORMATION

- **OBSERVATION**
    - INFORMAL
    - STRUCTURED
- **INTERVIEWS**
    - PARENTS AND OTHER FAMILY MEMBERS
    - PROFESSIONALS
- **TESTS**
    - NORM-REFERENCED
    - CRITERION-REFERENCED

G-H10

TYPES OF ASSESSMENT PROCEDURES

A comprehensive assessment program includes data from a variety of sources within a variety of settings utilizing a variety of assessment measures. While standardized tests are all too often selected to determine eligibility, placement, programming, and effectiveness, there are other types of measures that are at times more appropriate. A comprehensive program utilizes a wide range of assessment procedures. Following is a discussion of different types of assessment procedures and the conditions under which they are most effectively used.

- **Norm-Referenced Tests** measure how well a child performs in relationship to the normative group. Examples of comparative scores are standard scores, percentile ranks, developmental age scores, and developmental quotients. Norm-referenced measures with predictive validity are frequently used to determine eligibility for special education services. Unfortunately there is a paucity of tests with reported predictive validity.

- **Criterion-Referenced Tests (CRT)** measure how well a young child meets established behavioral objectives. Test items require children to perform specific skills or tasks. CRT's do not compare a child's performance with the peer group. Unlike NRT's, they provide a composite of the child's skill levels, strengths and weaknesses. Criterion-referenced tests are used to monitor a child's progress in the early childhood special education program.

- **Curriculum-Referenced Tests** are a type of criterion-referenced tests. Unlike CRT's which assess general daily living skills and developmental tasks, curriculum-referenced tests measure a child's performance in relationship to an established set of skills being taught in the early childhood special education program. This type of assessment is useful because the assessment corresponds directly to the intervention on a set of established criterion.

- **Interviews,** like observations, have the potential to contribute a wealth of information to the assessment team. However, an inherent danger of this data collection technique is in limiting interviews. Young children's performance varies greatly depending upon their environment. Interviews should be completed with every significant adult who spends time with the child on a regular basis.

- **Observation** procedures can be either informal or systematic. Unlike informal procedures, systematic observation provides the observer with a structured and established framework for conducting the observation. Systematic observation has the potential for minimizing bias and for providing a factual and reliable sample of the child's behavior.

- **Systematic Observation** involves the objective recording of narrative data obtained from observing the young child. There are different methods for recording data; each has its own set of establishing guidelines for use. Two of the most commonly used are time sampling and event sampling.

LEVEL: GENERAL

GOAL: #4 Recognize the variety of assessment instruments available to assess young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will state the advantages and disadvantages of different types of assessment tools, including criterion-referenced tests, norm-referenced tests, and structured observations for use with preschoolers.

OBJECTIVE: Participants will be able to identify the appropriate use of a variety of assessment tools.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present lists of tests or use examples.	1. Handout (G-H11) *Preschool Tests — But What Can We Use?* Provide examples of norm-referenced, criterion-referenced, standardized tests, and structured observation procedures. The SERRC and local preschool programs are good sources for locating these assessment tools.	1. Following are some questions the leader might ask to promote a discussion: • Are some tools more preferable than others? • Which tools do they tend to select? • Which kind of tool is least selected? It is impossible to provide a thorough presentation on this topic in such a short time. Therefore, it is important to refer participants to the suggested readings list and to provide them with local community resources skilled in working with young children. Not all evaluators, including school psychologists, are skilled in working with young children. Therefore, it is important to identify professionals with an established track record.
2. Individual or small group activity Using the Worksheet, ask the participants to select the appropriate assessment tools. Upon completing the Worksheet, compare the participants' responses and discuss their findings.	2. Worksheet (G-W4) *Selecting Assessment Tools*	

LEVEL: GENERAL *(continued)*

GOAL: #4 Recognize the variety of assessment instruments available to assess young children.

COMPETENCY TYPE: SKILL *(continued)*

COMPETENCY COMPONENT: Participants will state the advantages and disadvantages of different types of assessment tools, including criterion-referenced tests, norm-referenced tests, and structured observations for use with preschoolers.

OBJECTIVE: Participants will be able to identify the appropriate use of a variety of assessment tools.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
3. Large group activity Based upon their experiences, ask participants to identify when each type of tool has been most beneficial to them. Also, ask them to identify which tool or type of tool they prefer to use.	3. Worksheet (G-W5) *Test Bias* **Supplemental Resources** Cuyahoga Spoecial Education Service Center (1991). Early Childhood Screening and Assessment (rev.)	

G-H11

PRESCHOOL TESTS — BUT WHAT *CAN* WE USE?

VERSION 2

10/21/91

DAVID GUSTAFSON, EAP, School Psychologist, SEO-SERRC
DEIRDRE DRANSFIELD, Early Childhood Service Coordinator, SEO-SERRC

Introduction

People attempting to use the new preschool MFE procedures are often frustrated in their search for instruments for certain tasks. Much of the direction so far has been in the form of what you *cannot* use. The following are samples of what *can* be used. The menu will change as more instruments are published and we learn more about the limitations of the instruments and procedures.

Use of This Form

Circle the instruments/procedures you think are appropriate based on the child's referral and screening data and your judgement about the usefulness of the instrument for this particular child.

REMEMBER, use *all four* procedures in the area(s) of suspected disabilities. These areas are in CAPS in the left column.

TO: Multifactored Evaluation Team

Name of Child ______________________________ D.O.B.__________

EARLY CHILDHOOD COMMITTEE MULTIFACTORED EVALUATION PLANNING CHART

	Structured Interview	Structured Observation	Norm-Referenced	Criterion-Referenced
a. **Background**	• DIAL-R-Parent Info Form and Educational History • Any other questionnaire covering developmental family, medical, and educational history • Other			
b. **Adaptive Behavior** Area of potential deficit (must be in combination with c, d, e, g, h, or i)	• Vineland • Battelle-Adaptive • Infant Behavior • Callier Azusa • Pyramid Scales • Infant Behavior Record of Bayley Scales • Woodstock S/B • Other	• Battelle Adaptive Behavior Domaim (if behavior domain actually observed) • Other	• Vineland • AAMD • Pyramid Scales (Only if skills are Record of Bayley Scales) • Woodstock SIB • Other	• Insite Self-Help • Pyramid Scales • Edmark Early Independence: Self-Help • Hawaii (HELP) • Portage: Self-Help • LAP-D: Self-Help • Brigance: Self-Help • Other
c. **Cognitive** Area of potential deficit (must be in combination with b, d, e, g, h, or i)	• Insite Developmental Checklist-Cognition • Callier Azusa • Other		• Bayley Scales - Mental • Stanford Binet IV • WPPSI-R • Leiter • French's Pictorial Test • K-ABC • Other	• Portage: Cognitive • LAP-D: Cognitive • DIAL-R-Concepts • Edmark Early Independence • Hawaii (HELP) • Insite-Concept • Battelle Cognitive • Other
d. **Communication** Area of potential deficit (stands alone if — 2SD or in combination with b, c, e, g, h, or v if 1.5 SD)	• Vineland-Communication • Insite-Communication • Battelle-Communication • Reel • Callier-Azusa • ELM • Birth to Three • Other		• UTLD-3 • TELD-2 • TOLD-2-P • Bankson Lang. Test-2 • Detroit P-2 • Preschool Lang. Scale • Bracken Basic Concepts • TACL-R-3 • Alphaphonological Processes • Other You're looking for a Deficit in Expressive and/or Receptive Language Excluding Articulation	• Insite-Comm. • Hawaii (HELP) • DIAL-R (Language) • LAP-D Language • Battelle-Comm. • Early Indep. Lang. • Brigance Pre-Language & Speech/Language • Non Speech Test • 0-3 Language Cur. • Portage Lang. • Other
e. **Hearing** Area of potential deficit (can stand alone)	• Callier-Azusa • Insite-Auditory Behavior • Other		or equivalent as report form for the audiological • Audiological Report	• Battelle-Recp. • Reel • Brigance Prespeech and Speech/Lang. • Ski-HI • Other

	Structured Interview	Structured Observation	Norm-Referenced	Criterion-Referenced
f. **Pre-Academic** Not an area of potential deficit, but must be assessed using one of the four procedures			• Woodcock-Johnson-R Test of Achievement • Bracken-School Readiness Composite • Other	• Brigance • DIAL-R • Other
g. **Sensorimotor** Area of potential deficit (stands alone if -2 SD) (can be combined with b. c. d. e. g. or i if -1.5 SD)	• Vineland Motor • OSPA Motor Checklist • Callier-Azusa • Other		• Test of Gross Motor Dev. • Peabody Developmental Motor Scales • Bayley Scales-Motor • Burininks-Oseretsky • Beery VMI • Other	• DIAL-R Motor • Battelle-Motor • Brigance-Fine and Gross Motor • LAP-D • Early Indep. • Portage • Hawaii (HELP) • Insite Gross and Fine Motor • Peabody Dev. Motor Scales • Other
h. **Social-Emotional/ Behavioral** Area of potential deficit (stands alone if 2 SD) (can be combined with b. c. d. e. g. or i if 1.5 SD)	• Vineland Socialization • Callier-Azusa • Insite-Social/ Emotional • Other	• Achenbach • AISEP • Other	• Walker Problems Checklist • AAMD-ABS School Ed. • Woodcock Johnson SIBS • Achenbach CBC • Other	• Burks Behavior Rating Scale • Insite • Battelle Personal Social • Portage: Socializ. • Hawaii (HELP) • LAP-D • Early Indep. Social/ Emotional • Other
i. **Vision Abilities** Area of potential deficit (can stand alone)	• Callier-Azusa Visual Dev. • Insite Vision • Other			• Insite Vision • Callier-Azusa Vision • Program to develop visual efficiency

j. **MEDICAL** Records from physicians, hospitals, clinics. In cases where the disability is primarily the result of a congenital or acquired physical disability.

Note: If your school district operates a CENTER-BASED Program, please refer to Section 3301-05 *Rules for Preschool Programs Chapter 3301-37 1990.*

k. **SUMMARY**

The Battelle Adaptive Behavior Domain can be given as an interview instrument or as an observation guide. Mark the protocol "Interview" or "Observation."

G-W4

SELECTING ASSESSMENT TOOLS

The purpose of this activity is to analyze different types of assessment tools. Select at least one norm-referenced test, one criterion-referenced test, and one structured observation system designed for use with the preschool population. Review the test manual and draw from your own experiences in using the test to discuss the following points for each tool you review:

1. Does the test/observation system include all the expectations typically associated with instruments in its category? For example, if you chose the DIAL-R (Developmental Indicators of the Assessment of Learning-Revised) which is a norm-referenced screening tool, does the test provide the examiner with enough information to determine if this is an appropriate screening tool?

2. How much training is required to skillfully administer the test/observation system?

3. What adaptations, if any, are provided to meet the needs of children with physical or sensory impairments?

4. What role do parents have in administering this tool? Is their presence recommended/permitted?

5. From which theoretical model was the test/system developed? For example, did the authors utilize a developmental framework, a behavioral model, an ecological perspective, etc.?

6. What was the cultural orientation of the normative sample (if norm-referenced)? Were efforts made to provide norms on a separate sample or include minority cultural groups in the sample? Are non-English forms available?

G-W5

TEST BIAS

In choosing an appropriate assessment instrument, one condition that needs to be addressed is the extent to which the test included minority or multicultural reference groups in its development.

Remember:

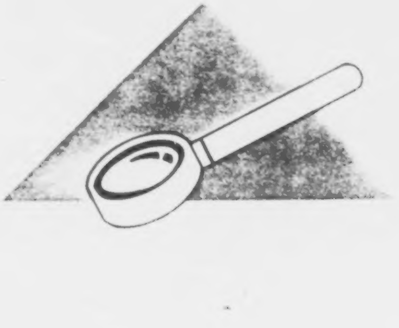
"The majority of commercially-produced instruments have been standardized on sample of children who comprise the dominant culture of our society, i.e., white middle class. Children's performance on these measures does not so much reflect a tapping of their abilities as an assessment of their exposure to the attitudes and values of the American middle class."

Ohio Department of Education, Division of Early Childhood (1991)

Rules Implementation Monograph #3, *Determining Eligibility for Early Childhood Special Education.*

GOAL 5

Assessment



LEVEL: GENERAL

GOAL: **#5** Understand the use of systematic observation in assessing young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will understand the value of systematic observation in the early childhood special education process.

OBJECTIVE: Participants will be able to understand the rationale for using systematic observations.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the rationale for using systematic observations as a component of the early childhood special education process.	1. Transparency (G-T9) *Introduction to Systematic Observation*	1. Refer to chapter one of the Beatty text which discusses the rationale and provides an overview of different methods of observation.
Present an overview of terminology related to systematic observation and various methods used to observe and record behavior.	Handout (G-H12) *Methods of Systematic Observation*	
	Supplemental Resources *Beatty, J. J. (1990) Observing Development of the Young Child*	

INTRODUCTION TO SYSTEMATIC OBSERVATION

SYSTEMATIC OBSERVATION:

Focus is on one or two behaviors

NONSYSTEMATIC OBSERVATION

Focus is on nonspecified behaviors, characteristics, and personal interactions

PURPOSE OF OBSERVATIONS:

> Assess a child's abilities or current level of functioning

> Determine a child's strengths and areas of need

> Monitor a child's progress

> Collect data to share with parents and professionals

> Gather information for ongoing decision-making regarding a child's educational placement and programming

G-H12

METHODS FOR SYSTEMATIC OBSERVATION

Anecdotal Records

- written narrative describing specific behaviors and/or circumstances surrounding the behaviors
- recorded after behavior occurs
- open-ended, requiring no special observer training
- may result in misleading analysis of behavior, as behavior is taken out of context

Example:

Feb. 5 after her OT session, Lisa ran back to the classroom, pushed Larry, who was at the sand table, and threw herself on the pillows in the book area. She started shouting, "I want a snack, I want a snack." Mary (the aide) went over to quiet Lisa, but Lisa pushed her away and continued shouting for a snack.

Running Records

- narrative written in sequence over time
- recorded while behavior is occurring
- designed to identify cause and effects of behavior
- open-ended, requiring no special observer training
- time-consuming and difficult to use with more than one child at a time

Example:

Feb. 9 Choice time. Larry goes to sand table; digs into sand with both hands. Uses sweeping hand movements and often pushes sand over edge of table. Bumps Jodi's cars in the sand; Jodi gets angry and tells Larry to stop. Larry hits Jodi.

Feb. 10 Choice time. Larry in block area; begins stacking large blocks in tower form. After three blocks, tower falls. Larry kicks the blocks and walks over to the kitchen area. There, he takes a cup from the place where Tim is playing. Tim gets upset and tells Larry to stop it. Tim takes the cup from Larry. Larry hits Tim and runs back to the blocks.

Time Sampling

- tallies indicating presence or absence of specified behavior over short period of time
- recorded while behavior is occurring
- objective
- limited to observable behaviors that occur frequently
- takes behavior out of context

Example:

Name: **Jodi** Date: **2/11**

Behavior: Interaction with peers

Time:	**Initiates**	**Responds**
Arrival		X
Circle	X	XX
Free Play	XXX	
Snack	X	XX

Event Sampling

- brief narrative of conditions preceding the following specified behavior
- recorded while behavior is occurring
- objective
- limited to observable behaviors that occur frequently
- takes behavior out of context

Example:

Name: **Tim** Date: **2/13**

antecedent	**behavior**	**consequence**
language specialist gives Q-tip to Tim	takes Q-tip & breaks it	asked how he was to paint attempts to fix Q-tip
class painting with Q-tips	calls for teacher attention	no response from teacher
class completes painting	dips finger in paint and paints arms	towel given & asked to clean up

LEVEL: GENERAL

GOAL: #5 Understand the use of systematic observation in assessing young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will understand the value of systematic observation in the early childhood special education process.

OBJECTIVE: Participants will be able to discriminate between systematic observation and informal observation procedures.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Compare systematic observation procedures with informal observation activities. Now ask the participants to compare and contrast the two observation procedures. Have them identify categories of information that they might collect. Then, share Handout.	1. Handout (G-H12A) *Use of Materials*	

Rating Scales

- > scale of traits or behaviors
- > recorded before, during, and after behavior occurs
- > designed to judge degree to which child behaves or possesses certain traits
- > not time-consuming
- > efficient for observing more than one child at a time
- > subjective
- > limited to specified traits or behaviors

Example:

To what extent does the child demonstrate the following:

Behavior	**Most of the time**	**Sometimes**	**Seldom**	**Never**
comfort in separating from parent			X	
interest in other children		X		
interest in group activities			X	

Checklists

- > list of behaviors
- > recorded before, during, and after behavior occurs
- > designed to determine presence or absence of specified behaviors
- > efficient for observing more than one child at a time
- > useful for a child over a period of time
- > limited to specified behaviors

Example:	**Mastered**	**Emerging**	**Not Present**
drinks from cup		X	
eats with a spoon		X	
says "ma-ma"	X		

USE OF MATERIALS

	Visually Attends	Touches	Vocalizes	Explores with Mouth	Explores with Hands	Shakes	Bangs	Offers to Adult	Length of Interaction	Other Observations	
Materials											
1.											
2.											
3.											
4.											
5.											

Comments:

LEVEL: GENERAL

GOAL: **#5** Understand the use of systematic observation in assessing young children.

COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Participants will understand the value of systematic observation in the early childhood special education process.

OBJECTIVE: Participants will be able to recognize the value of a positive environment on one's performance and behavior.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Brainstorm for insights about children that can be provided primarily by observation rather than testing. List and discuss the findings. Compare the participant's findings with the Handout titled *Insights from Observation vs. Testing.*	1. Worksheet (G-W9) *Insights from Observation vs. Testing* Transparency (G-T10) *Insights from Observation vs. Testing*	1. It is helpful for participants to appreciate and value observation as a necessary component of the assessment process.

G-W9

INSIGHTS FROM OBSERVATION VS. TESTING

Following are some aspects of a child you may learn from an observation that you would not learn from a testing situation.

Interests of the child

Application of knowledge

Problem-solving skills

Learning styles

Interpersonal communication skills

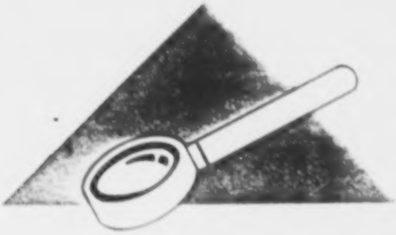
Interaction with materials

Patterns of social adjustment

Self-concept

INSIGHTS FROM OBSERVATION VS. TESTING

Assessment



GOAL 6

LEVEL: GENERAL

GOAL: **#6** Understand variables related to summarizing and sharing assessment results.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Identify components of the assessment summary report.

OBJECTIVE: Participants will become familiar with the components of the assessment summary report and the documentation necessary to determine eligibility.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group presentation Overview of the components of the assessment summary report.	1. Transparencies/Handout (G-T11, 12, 13, 14) *Components of the Assessment Summary Report* *Documentation of Assessment Procedures* *Documentation of Assessment Results in the Development Areas* *Documentation of Specialized Assessments* Handout (G-H13) *The Child Shall be Determined Eligible When One of the Following Applies* Transparency (G-T15) *Documented Deficit ...* Transparencies/Handout (G-T16, 17, 18) *Documented Deficit* *Documented Deficit in the Area of Hearing* *Documented Deficit in the Area of Vision*	
2. Large group presentation Overview of the documentation necessary to determine eligibility.	**Supplemental Resources** Rules for Preschool Children with Disabilities Chapter 3301-31	

COMPONENTS OF THE ASSESSMENT SUMMARY REPORT

1. Documentation of assessment dates, procedures, and results.
2. Educationally relevant medical information, if any.
3. Documentation of the existence of the documented deficit, including the use of the four assessment procedures.
4. Description of the observed behavior in the area(s) of deficit as compared to typical behavior of same age peers.
5. Conclusion that there is an adverse effect upon normal development and functioning.
6. Conclusion that the disability is not solely the result of environmental, cultural, or economic factors.
7. Team members' signatures indicating agreement that the results of the multifactored evaluation indicated that a disability exists, or attach statement(s) if there is disagreement.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

DOCUMENTATION OF ASSESSMENT PROCEDURES

Documentation of **ALL** of the following assessment procedures to confirm a documented deficit:

Documentation of **ANY** of the following procedures to assess each area:

- Structured interview with persons knowledgeable about the child's functioning, including the parent or primary caregiver
- Structured observations over multiple settings and activities
- Standardized norm-referenced tests
- Criterion-referenced/curriculum-based assessment

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

G-T13

DOCUMENTATION OF ASSESSMENT RESULTS IN THE DEVELOPMENTAL AREAS

- ADAPTIVE BEHAVIOR
- BACKGROUND INFORMATION
  including: developmental, family, medical, and educational histories when appropriate
- COGNITIVE ABILITY
- COMMUNICATION SKILLS
- HEARING
- PREACADEMIC SKILLS
- SENSORIMOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

DOCUMENTATION OF SPECIALIZED ASSESSMENTS

- **PHYSICAL EXAMINATION:**
  Must be documented by a licensed Doctor of Medicine or Doctor of Osteopathy when the disability is **primarily** the result of a congenital or acquired physical disability.

- **VISUAL EXAMINATION:**
  Must be documented by an Eye Care Specialist when the disability is **primarily** the result of a visual impairment.

- **AUDIOLOGICAL EXAMINATION:**
  Must be documented by a Certified or Licensed Audiologist when the disability is **primarily** the result of a hearing impairment.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

THE CHILD SHALL BE DETERMINED ELIGIBLE WHEN ONE OF THE FOLLOWING APPLIES

There is a documented deficit in one or more of the following areas:

- Communication Skills (form, content, and use of language)
- Hearing Abilities
- Motor Functioning
- Social-Emotional/Behavioral Functioning
- Vision Abilities

There is a documented deficit in cognitive ability as determined through a measure of cognitive functioning administrated by a licensed psychologist or certified school psychologist, and also a documented deficit in one or more of the following areas:

- Communication Skills (form, content, and use of language)
- Hearing Abilities
- Motor Functioning
- Social-Emotional/Behavioral Functioning
- Vision Abilities
- Adaptive Behavior

There is a documented deficit in adaptive behavior and a documented deficit in one or more of the following areas:

- Communication Skills (form, content, and use of language)
- Hearing Abilities
- Motor Functioning
- Social-Emotional/Behavioral Functioning
- Vision Abilities

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

THERE IS A DOCUMENTED DEFICIT IN ONE OR MORE OF THE FOLLOWING AREAS:

- COMMUNICATION SKILLS (FORM, CONTENT, AND USE OF LANGUAGE)
- HEARING ABILITIES
- MOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION ABILITIES

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

THERE IS A DOCUMENTED DEFICIT IN COGNITIVE ABILITY AS DETERMINED THROUGH A MEASURE OF COGNITIVE FUNCTIONING ADMINISTERED BY A LICENSED PSYCHOLOGIST OR CERTIFIED SCHOOL PSYCHOLOGIST, AND ALSO A DOCUMENTED DEFICIT IN ONE OR MORE OF THE FOLLOWING AREAS:

- COMMUNICATION SKILLS (FORM, CONTENT, AND USE OF LANGUAGE)
- HEARING ABILITIES
- MOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION ABILITIES
- ADAPTIVE BEHAVIOR

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

THERE IS A DOCUMENTED DEFICIT IN ADAPTIVE BEHAVIOR AND A DOCUMENTED DEFICIT IN ONE OR MORE OF THE FOLLOWING AREAS:

- COMMUNICATION SKILLS (FORM, CONTENT, AND USE OF LANGUAGE)
- HEARING ABILITIES
- MOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION ABILITIES

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

G-T16

DOCUMENTED DEFICIT

A score of two standard deviations below the mean in one area, or scores of one and one-half standard deviations below the mean in two areas, measured by a norm-referenced test

AND

Data obtained through

- Structured interview,
- Structured observation, and
- Criterion-Referenced/Curriculum-based assessment

Confirming the reliability of standard scores and the existence of an adverse effect on normal develoment or functioning.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

DOCUMENTED DEFICIT IN THE AREA OF HEARING

Determined by one or more of the following:

1. An average pure tone hearing loss of fifty decibels or greater, according to the "**A**merican **N**ational **S**tandards **I**nstitutes" (ANSI) - 1969, for the frequencies five-hundred, one-thousand, and two-thousand hertz in the better ear.
2. An average pure tone hearing loss of twenty-five decibels or greater (ANSI) for the frequencies five-hundred, one-thousand and two-thousand hertz in the better ear, which has an adverse effect upon normal development and functioning related to documented evidence of one or more of the following:
    - More severe hearing loss during the developmental years than is currently measured,
    - A history of chronic medical problems that have resulted in fluctuating hearing, presently or in the past,
    - A delay in diagnosis, provision of amplification, and/or initiation of special programming.
3. A hearing loss in excess of twenty-five decibels (ANSI) for the frequencies one-thousand hertz through eight-thousand hertz in the better ear, resulting in such poor auditory discrimination that it has an adverse effect upon normal development and functioning.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

DOCUMENTED DEFICIT IN THE AREA OF VISION

DETERMINED BY

A visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction

OR

A physical eye condition that affects visual functioning to the extent that special education placement, materials, and/or services are required in an educational setting.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

LEVEL: GENERAL

GOAL: **#6** Understand variables related to summarizing and sharing assessment results.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Identify components of the assessment summary report.

OBJECTIVE: Participants will be able to identify the documentation necessary to determine eligibility.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group project: a. break into small groups b. hand out to each participant a copy of: 1. the *Assessment Summary Report Checklist.* 2. the blank *Assessment Summary Report.* 3. the *Case Study: "Krystal"* c. have the participants: 1. read *Case Study: "Krystal"* 2. cut and paste the information necessary to appear on the *Assessment Summary Report.* 3. identify that all necessary documentation that must appear on the *Assessment Summary Report* is included, by using the *Assessment Summary Report Checklist.* 4. determine whether all the information required for eligibility is provided. d. review the group's findings by underlining the essential information on the *Case Study: "Krystal"* Transparencies as the points are covered.	1. Transparencies/Handouts (G-T19, 20, 21) *Assessment Summary Report Checklist* *Assessment Procedures* *Assessment Summary Report* Handout (G-H14) *Case Study: "Krystal"* **Supplemental Resources** Rules for Preschool Children with Disabilities 3301-31.	1. It is important to emphasize that the *Assessment Summary Report* is only a sample. Summary reports can have many different appearances as long as the required information is included.

G-T19

ASSESSMENT SUMMARY REPORT CHECKLIST

Identifying Information:

________ Child's Name
________ Date of Birth
________ Date of Report

Background Information (if any):

________ Developmental
________ Educational
________ Family
________ Medical Date Results
  ______ Hearing Exam ________ ________
  ______ Physical Exam ________ ________
  ______ Visual Exam ________ ________
________ Conclusion
________ Documented Deficit
________ Signatures of Agreement
________ Statements of Disagreement

ASSESSMENT PROCEDURES

	Structured Interview(s)		Structured Observations Multiple Settings/Activities		Criterion-Referenced Curriculum-Based Assessment		Standardized Norm-Referenced Tests	
	Results	Date	Results	Date	Results	Date	Results	Date
Sensorimotor								
Communication								
Cognitive								
Pre-academic								
Social/Emotional/ Behavioral								
Adaptive								
Hearing								
Vision								

NOTE: MUST INCLUDE ALL FOUR PROCEDURES IN THE AREA OF DEFICIT

G-T21

EARLY CHILDHOOD CENTER ASSESSMENT SUMMARY REPORT

Date of Report____________________

Child's Name__________________________ DOB__________

Parent/Legal Guardian's Name__________________________

Address____

City____________________________ Zip Code___________

Telephone Number_____________________________________

Social Security Number_______________________________

School District______________________________________

Date of Referral_____________________________________

Name(s) and Position(s) of Person(s) Making Referral

____

Reason for Referral (Suspected area of disability)

____

I. Background

II. Physical Examination

III. Vision

IV. Hearing

V. Adaptive Behavior

VI. Cognitive Ability

VII. Pre-academic Skills

VIII. Communication Skills

IX. Sensorimotor Functioning

X. Social-Emotional/Behavioral Functioning

XI. Conclusion

XII. Documented Deficit

XIII. Recommendations/Referrals

XIV. Assessment Team Members

Date:	Name:	Position:

CASE STUDY
"KRYSTAL"

Mrs. Johnson called the Early Childhood Center on 8-10-90. She told the coordinator, Lynn Brown, that a friend told her about their program since she had concerns about her daughter's communication skills. Family members and friends could not always understand her daughter and this would frustrate her daughter. She hesitated sending her daughter to Kindergarten this coming year because of this concern. Mrs. Johnson reported Krystal's date of birth as 10-10-85 and added that she had never attended any preschool. She understood that the Early Childhood Center provided therapy to children while they were enrolled in preschool and she was interested in finding out how to get her daughter into the program.

Lynn Brown explained that Krystal would have to go though an assessment process in order to determine if she would be eligible to receive therapy while enrolled in preschool. The process would consist of a visit to the Johnson home by a Social Worker to observe Krystal and to complete some paperwork. Then she would be scheduled to attend a play-based assessment with several other children, if necessary. The children would play in a preschool classroom while a speech/language pathologist, occupational therapist, psychologist, and teacher could observe the children as well as their parents' interaction with them.

If it was felt that the child might be eligible, the standardized testing would be administered in the area in which the child demonstrated need. This testing would take place on the same day, following the play-based assessment. When all of this was completed, then eligibility could be determined.

Mrs. Johnson agreed to the process, so a home visit was scheduled. Lynn Brown asked Mrs. Johnson for some basic information to get the process underway. Mrs. Johnson reported that the family lived at 1 Stone St., Anytown, U.S.A. 12345 within Anytown's school district. Their phone number was 555-1000 and Krystal's social security number was 333-22-4444.

The Social Worker, Ms. Kathy Jones, visited the home on 8-13-90. Mrs. Johnson told of many occasions when the family — comprised of the father, mother, and older sister, Kristen — could not understand what Krystal was saying. Mrs. Johnson added that Krystal has always been a healthy child, although she didn't begin speaking until she was almost two years old. Krystal reportedly had numerous middle ear infections during her first two years of life, with ventilation tubes inserted at the age of two. Mrs. Johnson could not recall any ear infections since the insertion of the tubes. Mrs. Johnson informed the Social Worker that Krystal sometimes gets upset with family members when they can't understand what she is saying.

Krystal's mother also reported that Krystal's older sister by two years played for hours with the neighborhood children at Krystal's age while Krystal plays with other children for very brief periods of time and she usually does not play with her cousins of the same age who visit weekly. She spends most of her time watching television and playing by herself. Mrs. Johnson indicated that Krystal does like to help her in the kitchen when she makes cookies and she helps with setting the table and clearing the table. She told Ms. Jones that Krystal is independent with all of her toileting needs except that she needs assistance with difficult fasteners.

While Ms. Jones filled out some of the necessary paperwork, she noticed that Krystal was peeking down the staircase at her. After several minutes she descended the staircase, alternating her feet, and walked over to her mother using an even gait. She stood beside her. When Ms. Jones asked her a few questions, she did not respond. Then she ran over to the stairs with some speed, and ascended them by alternating her feet. She returned moments later with some toys to show Ms. Jones. She showed Ms. Jones her Barbie Doll, which she played with during the visit, changing her doll's clothes and pushing her in her car. On one occasion she brought the doll over to her mother for help with fastening a piece of clothing. Her mother had to interpret many of Krystal's utterances, as Ms. Jones frequently did not understand what Krystal said. Krystal interacted with her mother several times using three-word sentences regularly. She had several misarticulations in her words. Although she was understood by her mother most of the time, she did become quite frustrated when her mother did not understand one of her requests — especially after she repeated it a few times.

Since Ms. Jones felt it would be a good idea to continue the assessment process, she completed the Vineland Adaptive Behavior Scale with Mrs. Johnson. The score was 87 when later tallied.

Ms. Jones then asked whether a certain date would work out for Krystal to come for the play-based assessment. Mrs. Johnson said that date was fine.

Mrs. Johnson and Krystal arrived at the Early Childhood Center on 8-16-90. They were met by Ms. Jones the Social Worker, who reviewed the steps of the assessment process. She then brought them to the classroom, where she introduced Mrs. Johnson to the rest of the team members that would be assessing Krystal. There was the psychologist, Duane Brown; the Occupational Therapist, Kathy Morgan; the teacher, Michelle Jordan; and Jackie Robinson, the Speech Therapist. Ms. Jones explained to Mrs. Johnson that they wanted her to join in the classroom for a part of the play-based assessment, because she was a valuable member of the team and could explain the most about Krystal's skills and reactions.

The assessment team used the Brigance Diagnostic Inventory of Early Development while observing Krystal during the play-based assessment. Michelle Jordon, the teacher, was the play facilitator.

During the first 25 minutes, Krystal directed all of her activities. Michelle Jordon followed Krystal's lead and imitated her in parallel play and participated when Krystal indicated that she wanted her to. The rest of the team stayed at a distance around the room and observed. Mrs. Johnson was encouraged to share her impressions about Krystal's abilities and reactions.

Krystal approached the housekeeping center first where two other children were playing. She did not initiate conversation with her peers during play. She played along side of them in a dramatic play. Krystal answered the telephone silently several times. She handled all the toys appropriately. The play facilitator talked to the baby doll she was playing with and sang a song about body parts as she put various clothes on her doll. Krystal participated in this little game and put various clothes on her doll and zipped and buttoned them up. Krystal patted the doll's head, eyes, ears, mouth, and toes as the song was sung. Then Krystal prepared some food for her baby doll. One of the children asked her what her doll's name was. Krystal responded, but the other child did not understand her. Krystal repeated herself but was not yet understood. For the third time, Krystal repeated herself with added intensity and volume. Finally Krystal walked away in frustration.

As Krystal headed to the art center, it was observed that her gait and posture were good. At the art center Krystal made a paper creation. She held her marker with a tripod grasp using her right hand but had a difficult time positioning her scissors in her right hand before cutting across the paper. Michelle Jordan colored on her own paper, adding various designs. Krystal was able to copy a circle, horizontal and vertical lines, and a cross on her paper, but only imitated a square.

Mrs. Johnson was then asked to leave to see if there would be any separation problems. There were not. In a few minutes she returned and greeted Krystal, who smiled and kept on playing. Mrs. Johnson was asked to play with Krystal for several minutes. This would help the play facilitator and the rest of the team to better understand Krystal's learning style and see how she interacted with her mother.

Krystal spoke continually to her mother as they looked at picture books together. Krystal held the books correctly and turned the pages herself. Krystal was very excited and interested in the books as she described what was going on in the pictures. She used an average of three-word sentences. Krystal correctly used plurals, "ing" verb endings, some negatives ("don't, can't"), and inconsistently included the preposition "to." She omitted articles ("a, the"), auxiliary verbs ("is, are"), and substituted the pronouns "him, her, them" for "he, she, they," respectively. Examples of Krystal's conversational speech included: "Her eating," "Baby drinking bottle," "Cookies on plate," and "Don't eat them." At one point her mother did not understand what Krystal was asking of her. Krystal became very frustrated after repeating herself twice.

Informal assessment of Krystal's articulation (sound) skills revealed multiple articulation errors, consisting primarily of omissions at the end of words and substitutions in the initial and medial positions of words.

The next 25 minutes, the play facilitator took the lead to try and find out specific information about Krystal.

At the manipulative center, the facilitator asked Krystal to complete a shape formboard, which she did. She built a 10-1" block tower and she counted eight of the 10 blocks correctly; she sorted six different colors accurately as well. She was able to point to the color named, but not label the color herself. Krystal also matched a few alphabet letters, although she could not point to the letters of her first name when named by the teacher.

When asked by the facilitator to help put things away in the housekeeping area, Krystal was willing and compliant. She demonstrated knowledge of the directional concept "in/out" and "on/off." She began to feel a little more comfortable with Michelle, so Michelle decided that this was a good time to ask Krystal some questions. Krystal inconsistently answered simple yes/no, who, what, and where questions asked of her. Krystal followed simple one-step directions asked of her. When she was asked to follow several two-step directions, Krystal omitted the second step all but one time.

The nurse at the Early Childhood Center, entered the classroom, introduced herself to Mrs. Johnson, and asked if she and Krystal would come along with her for a hearing and vision screening.

Krystal's vision was within normal limits. The results indicated 20/30 in the right eye and 20/20 in the left. Krystal failed a pure tone hearing screening which was conducted at 25 dB for the octave frequencies from 500 Hz through 4KHz.

Krystal returned to the classroom, where she demonstrated the ability to hop on one foot, stand on her right foot for two seconds, walk up and down three steps carrying a doll, walk forward on a balance beam heel to toe, and catch a bounced playground ball as well as throw it with two hands.

When all areas of the play-based assessment were completed, Ms. Jones asked Mrs. Johnson what she thought of the accuracy of Krystal's responses and reactions. Mrs. Johnson confirmed that the skills and reactions she saw from Krystal were accurate. Ms. Jones asked the parents and children to join her in another playroom while the team decided who needed to remain for standardized testing.

Since Krystal's communication skills (sentence length, ability to follow directions, articulation, and language forms) were more appropriate for a three- to four-year-old child, Krystal was selected to remain for standardized and articulation testing in the area of communication. Jackie Robinson, the Speech Pathologist, administered several individual tests to Krystal. The tests and their results were as follows:

1. *Peabody Picture Vocabulary Test - Revised*, Form M
   (Mean = 100; Standard Deviation = 15)

   Raw Score = 43
   Standard Score = 85
   Percentile Rank = 16
   Age Equivalent = 4.0

2. *Expressive One-Word Picture Vocabulary Test*
   (Mean = 100; Standard Deviation = 15)

   Raw Score = 22
   Standard Score = 69
   Percentile Rank = 2
   Age Equivalent = 3.3
   Standard Deviation Score = below 2

3. *Structured Photographic Expressive Language Test* - 11
   (Mean = 39, Standard Deviation = 5)

   Raw Score = 13
   Standard Score = below 66
   Percent Correct = 26%
   Percentile Rank = below 1
   Standard Deviation Score = below 2

4. *Goldman Fristoe Test of Articulation*

Speech intelligibility was determined to be poor with or without listener knowledge of subject content.

Sound Omissions

Initial	Medial	Final
y, l, h	m, d, g, f, v, sh, ch, l, s, z, j, th, r	p, b, m, d, k, g, f, v, sh, ch, s, z, th, r

Sound Substitutions:

Initial	Medial	Final
d/n, d/t, d/k, d/g, p/f, b/v, d/sh, d/ch, d/s, d/z, d/j, p/th, w/r	d/p, t/k, w/l	

After the standardized tests were completed, Ms. Jones asked Mrs. Johnson if she could join the assessment team on a certain date to discuss the results of Krystal's entire assessment. She agreed.

On 8-20-90, Mrs. Johnson returned to The Early Childhood Center for the team meeting, while babysitting was provided for Krystal. Everyone on the team, including Mrs. Johnson, agreed that the results were an accurate picture of Krystal's current level of functioning.

The standardized test results indicated that Krystal had low-average receptive vocabulary skills and a significant expressive language delay. She also had a severe articulation delay. This was supported by various observations and interview made in the home and classroom and may also be supported by her failure of the hearing screening.

The team concluded that Krystal's current level of functioning in the area of communication was substantially below typical children of her age and that she fell within normal limits in the other developmental areas.

The team felt that Krystal's expressive language delay and misarticulations would adversely affect her speech intelligibility. Since a typical child of Krystal's age can be understood by individuals outside of the family most all of the time, they were concerned that Krystal's frustrations when she was not understood could negatively affect her socialization with other children.

It is also recommended that Krystal be seen by an audiologist for another hearing screening.

The team determined that Krystal met eligibility requirements with a documented deficit in communication. All the team members signed the assessment summary report in agreement.

PROJECT
PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Assessment

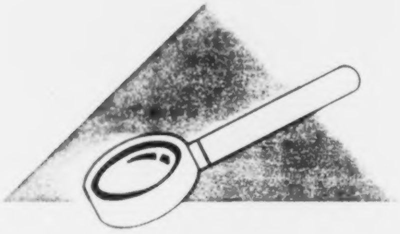
Staff

GOALS

1. Understand state and federal mandates relating to assessment of young children.
2. Be able to implement the assessment team process.
3. Understand the basic procedure involved with assessing young children.
4. Recognize the variety of assessment instruments available to assess young children.
5. Understand the use of systematic observation in assessing young children.
6. Understand variables related to summarizing and sharing assessment results.

GOAL 1

Assessment



LEVEL: STAFF

GOAL: **#1** Understand state and federal mandates relating to assessment of young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Identify the developmental areas to be assessed and eligibility requirements as identified in federal and state legislation and rules.

OBJECTIVE: Participants will be able to list the nine developmental areas which must be assessed in young children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Presentation on the developmental areas which must be assessed in young children to determine eligiblity.	1. Transparencies/Handout (S-T1, 2) *Areas of Assessment* *Assessment Procedures* **Supplemental Resources** Rules for Preschool Children With Disabilities Chapter 3301-31	1. Discussion of procedures which may be effective in each of the areas of assessment would be appropriate if time permits.

S-T1

AREAS OF ASSESSMENT

ADAPTIVE BEHAVIOR

BACKGROUND INFORMATION

COGNITIVE ABILITY

COMMUNICATION SKILLS

HEARING

PRE-ACADEMIC SKILLS

SENSORIMOTOR FUNCTIONING

SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING

VISION

S-T2

ASSESSMENT PROCEDURES

Use of **ALL** of the following assessment procedures to confirm a documented deficit:

Use of **ANY** of the following procedures to assess each area:

- Structured interview with persons knowledgeable about the child's functioning, including the parent or primary caregiver
- Structured observations over multiple settings and activities
- Standardized norm-referenced tests
- Criterion-referenced/curriculum-based assessment

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

LEVEL: STAFF

GOAL: **#1** Understand state and federal mandates relating to assessment of young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Identify the developmental areas to be assessed and eligibility requirements as identified in federal and state legislation and rules.

OBJECTIVE: Participants will be able to state the eligibility requirements for enrollment in Ohio Department of Education classes for preschool children with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Presentation on eligibility requirements of Ohio Department of Education classes for preschool children with disabilities.	1. Transparency/Handout (S-T3, S-H1) *Eligibility Requirements for Preschool Children With Disabilities.* Transparency/Handout (S-T4) *Documented Deficit* Transparency/Handout (S-T5) *Documented Deficit in the Area of Hearing* Transparency/Handout (S-T6) *Documented Deficit in the Area of Vision* **Supplemental Resources** *Rules for Preschool Children With Disabilities Chapter 3301-31*	1. Recommendation: Leader needs to be familiar with Rules in order to facilitate this discussion. Note also legal requirements for nondiscriminatory assessment.

THERE IS A DOCUMENTED DEFICIT IN ONE OR MORE OF THE FOLLOWING AREAS:

- COMMUNICATION SKILLS (FORM, CONTENT, AND USE OF LANGUAGE)
- HEARING ABILITIES
- MOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION ABILITIES

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

S-T3

THERE IS A DOCUMENTED DEFICIT IN COGNITIVE ABILITY AS DETERMINED THROUGH A MEASURE OF COGNITIVE FUNCTIONING ADMINISTERED BY A LICENSED PSYCHOLOGIST OR CERTIFIED SCHOOL PSYCHOLOGIST, AND ALSO A DOCUMENTED DEFICIT IN ONE OR MORE OF THE FOLLOWING AREAS:

- COMMUNICATION SKILLS (FORM, CONTENT, AND USE OF LANGUAGE)
- HEARING ABILITIES
- MOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION ABILITIES
- ADAPTIVE BEHAVIORS

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

THERE IS A DOCUMENTED DEFICIT IN ADAPTIVE BEHAVIOR AND A DOCUMENTED DEFICIT IN ONE OR MORE OF THE FOLLOWING AREAS:

- COMMUNICATION SKILLS (FORM, CONTENT, AND USE OF LANGUAGE)
- HEARING ABILITIES
- MOTOR FUNCTIONING
- SOCIAL-EMOTIONAL/BEHAVIORAL FUNCTIONING
- VISION ABILITIES

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

S-H1

THE CHILD SHALL BE DETERMINED ELIGIBLE WHEN ONE OF THE FOLLOWING APPLIES:

There is a documented deficit in one or more of the following areas:

- Communication Skills (form, content, and use of language)
- Hearing Abilities
- Motor Functioning
- Social-Emotional/Behavioral Functioning
- Vision Abilities

There is a documented deficit in cognitive ability as determined through a measure of cognitive functioning administered by a licensed psychologist or certified school psychologist, and also a documented deficit in one or more of the following areas:

- Communication Skills (form, content, and use of language)
- Hearing Abilities
- Motor Functioning
- Social-Emotional/Behavioral Functioning
- Vision Abilities
- Adaptive Behavior

There is a documented deficit in adaptive behavior and a documented deficit in one or more of the following areas:

- Communication Skills (form, content, and use of language)
- Hearing Abilities
- Motor Functioning
- Social-Emotional/Behavioral Functioning
- Vision Abilities

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

S-T4

DOCUMENTED DEFICIT

A score of two standard deviations below the mean in one area, or scores of one and one-half standard deviations below the mean in two areas, measured by a norm-referenced test

AND

Data obtained through

- Structured interview,
- Structured observation, and
- Criterion-referenced/curriculum-based assessment

Confirming the reliability of standard scores and the existence of an adverse effect on normal development or functioning.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

S-T5

DOCUMENTED DEFICIT IN THE AREA OF HEARING

Determined by one or more of the following:

1. An average pure tone hearing loss of fifty decibels or greater, according to the "American National Standards Institutes" (ANSI)-1969, for the frequencies five-hundred, one-thousand, and two-thousand hertz in the better ear.
2. An average pure tone hearing loss of twenty-five decibels or greater (ANSI) for the frequencies five-hundred, one-thousand, and two-thousand hertz in the better ear, which has an adverse effect upon normal development and functioning related to documented evidence of one or more of the following:

- More severe hearing loss during the developmental years than is currently measured,
- A history of chronic medical problems that have resulted in fluctuating hearing, presently or in the past,
- A delay in diagnosis, provision of amplification, and/or initiation of special programming.

3. A hearing loss in excess of twenty-five decibels (ANSI) for the frequencies one-thousand hertz through eight-thousand hertz in the better ear, resulting in such poor auditory discrimination that it has an adverse effect upon normal development and functioning.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

DOCUMENTED DEFICIT IN THE AREA OF VISION

DETERMINED BY

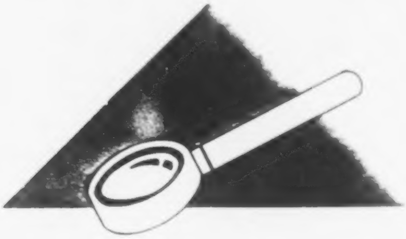
A visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction

OR

A physical eye condition that affects visual functioning to the extent that special education placement, materials, and/or services are required in an educational setting.

Source: Ohio Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of MR/DD, Chapter 3301-31, 1991.

Assessment



LEVEL: STAFF

GOAL: **#2** Be able to implement the assessment team process.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will link assessment date presented by the multifactored assessment team to program planning, implementation, and evaluation.

OBJECTIVE: Participants will be able to understand the importance of linking the assessment data with programming.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Introduce this concept with a discussion on how to develop the linkage between assessment and programming.	1. Handout/Transparency (S-H2, S-T7) *Linking Assessment and Programming* Handout/Transparency (S-H3, S-T8) *Developmentally Appropriate Practice; Purpose of Assessment*	1. The leader might wish to provide selected information from the Bagnato and Neisworth text, depending upon the backgrounds of the participants. Of particular interest are Chapter 1: The Gap Between Child Assessment and Programming and Part III: Closing the Gap Between Assessment and Curriculum.
2. Large group activity Present a case study to demonstrate the essential link between assessment and program planning.	2. Handout (S-H4) *Case Study Excerpts*	2. The leader should compare a traditional psychological report with a developmental diagnostic report. In discussing case studies identify areas of concern, including use of "Down Syndrome Child" versus "Child with Down Syndrome." Relate discussion back to issues presented in previous material (Linking Assessment and Programming).
	Supplemental Resources Bagnato, S. J. and Neisworth, J. T. (1981). *Linking Developmental Assessment and Curricula*	

S-H2

LINKING ASSESSMENT AND PROGRAMMING

Rationale:

Assessment — A blueprint for designing individualized instructional programs. If assessment does not serve this purpose, it is "futile and maybe even detrimental" Meier, 1973, p. 529); Without a meaningful linkage between assessment and programming, the assessment process is "devoid of practical, functional significance" (Bagnato & Neisworth, 1981, p. 4).

Issues and Concerns —

Issue #1: Traditional Assessment Purposes and Practices

The focus of assessment for school-age students is on educational performance; the focus of assessment for preschool children is on developmental status. The first barrier, then, to linking assessment to program planning with young children is the use of inappropriate assessment measures.

Issue #2: Categorical Versus Functional Developmental Orientation

A categorical orientation defines what a child is; a developmental orientation describes what a child does. The categorical approach results in diagnostic statements that label a child according to some presumed underlying condition (e.g., learning disabled, emotionally disturbed, etc.). Such labels offer little guidance for instruction.

The developmental approach seeks to define the child's levels and ranges of behavioral strengths and needs. The objective of this approach is to analyze the child's developmental/learning status in such a manner as to establish an initial intervention plan

Issue #3: Translating Assessment Results for Goal-Planning

Major difficulties with Traditional Reports include the following:

1. Failure to identify the purpose of the assessment
2. Vague, imprecise presentation of functional information
3. Failure to link assessed child needs to specific intervention goals and targets

Reference: Bagnato, S. J. & Neisworth, J. T. (1981). *Linking Developmental Assessment and Curricula.* Rockville, MD: Aspen.

LINKING ASSESSMENT AND PROGRAMMING

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Issues and Concerns —

Issue 1: Traditional Assessment Purposes and Practices

Issue 2: Categorical Versus Functional Developmental Orientation

Issue 3: Translating Assessment Results for Goal-Planning

Major difficulties with Traditional Reports:

1. Failure to identify the purpose of the assessment
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Reference: Bagnato, S. J. & Neisworth J. T. (1981). **Linking Developmental Assessment and Curricula.** Rockville, MD: Aspen.

S-H3

DEVELOPMENTALLY APPROPRIATE PRACTICES

PURPOSE OF ASSESSMENT

"Developmental assessments and observations are used to identify children who have special needs and/or who are at risk and to plan appropriate curriculum for them." (p. 13)

"Appropriate curriculum planning is based on teachers' observations and recordings of each child's special interests and developmental progress." (p. 3)

"Assessment of individual children's development and learning is essential for planning and implementing developmentally appropriate programs ... " (p. 12)

Reference: Bredekamp, S. (1987). *Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8.* Washington, D.C.: National Association for the Education of Young Children.

S-T8

DEVELOPMENTALLY APPROPRIATE PRACTICES

PURPOSE OF ASSESSMENT

“Developmental assessments and observations are used to identify children who have special needs and/or who are at risk and to plan appropriate curriculum for them.” (p. 13)

“Appropriate curriculum planning is based on teachers' observations and recordings of each child's special interests and developmental progress.” (p. 3)

“Assessment of individual children's development and learning is essential for planning and implementing developmentally appropriate programs ... ” (p. 12)

(Bredekamp, 1987).

S-H4

CASE STUDY
TRADITIONAL ASSESSMENT REPORT

NAME: Willie

DOB: 2/16/86 DOT: 1/9/90 CA: 47 mo.

Formal Assessment Results

Test

Current Age Function

Motor: 32-34 mo.

Gesell Developmental Schedules

Adaptive: 26-28 mo.
Language: 30-32 mo.
Pers-Soc: 24-26 mo.

Preschool Attainment Record (parent report)

Devel: 33 mo.

Observations and Recommendations

Willie is a Down Syndrome child, exhibiting many of the typical characteristics associated with this condition. He is presently functioning in the developmentally delayed range in all areas of development. Willie is a cooperative and pleasant child and is likely to benefit from the stimulation of an early childhood education program.

LEVEL: STAFF

GOAL: **#2** Be able to implement the assessment team process.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will link assessment date presented by the multifactored assessment team to program planning, implementation, and evaluation.

OBJECTIVE: Participants will be able to develop IEP goals and objectives from a developmental diagnostic report.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Have the participants develop the goals and objectives sections of the IEP based upon information provided in the case study.	1. Handout (S-H4) *Case Study: Willie* This is the same case study presented in previous activity.	1. The leader might wish to adapt this activity by having the participants work in teams. Use own IEP form or any available.
2. Large group activity Present strategies for linking assessment and programming to implementation and evaluation activities. Ask participants to share examples of recording systems and how they might/do involve parents in the record-keeping process.	2. Handout/Transparency (S-H5) *Strategies for Curriculum Planning* Handout/Transparency (S-H6, S-T9) *Strategies for Curriculum Implementation*	

CASE STUDY
DEVELOPMENTAL ASSESSMENT REPORT

NAME: Willie

DOB: 2/16/86 DOT: 1/9/90 CA: 47 mo.

Formal Assessment Results

Test

Current Age Function

Motor: 32-34 mo.

Gesell Developmental Schedules

Adaptive: 26-28 mo.
Language: 30-32 mo.
Pers-Soc: 24-26 mo.

Preschool Attainment Record (parent report)

Devel: 33 mo.

Observations and Recommendations

Willie was assessed for the dual purpose of determining his developmental level of functioning and determining an appropriate educational program for him. Throughout the testing procedures, Willie was cooperative and attentive, but did not initiate any interactions with the assessment team.

In the motor domain, Willie demonstrated running skills, jumping in place, and kicking a ball forward. In each of these activities, however, Willie had difficulty maintaining his balance and seemed uncertain of his ability to accomplish the task requested of him. Willie seemed even more unsure of himself in demonstrating skills in the fine motor area. A typical response to a fine motor task was a statement of "I can't." When urged to try the task anyway, Willie usually complied. He had difficulty holding scissors correctly and made only a few snips with the scissors before giving up on that task. Willie imitated vertical and horizontal strokes but was not able to imitate circular strokes. Willie was not able to take off his coat independently and, according to mother's report, cannot wash and dry his hands without assistance.

Willie was able to point to pictures of common objects, but could not identify objects when told their use (e.g., Show me the picture of what we use to eat.) Willie responded well to one-part directions, but had trouble following through on two-part directions.

S-H5

STRATEGIES FOR CURRICULUM PLANNING

Team reviews needs, strengths, concerns, and priorities of both child and family.

Team develops goals and objectives based on identified concerns and priorities. Goals and objectives relate to the development of independent functioning versus the development of isolated skills (e.g., "uses materials in a variety of ways" versus "stacks three blocks independently").

Activities are planned that foster the development of identified goals and objectives. Activities are based on the understanding that the child is an active participant and interactor in the learning process versus a passive receiver of information or instruction. Teaching "to the test" (i.e. teaching specific skills called for as items on a test) is avoided.

S-H6

GUIDELINES FOR CURRICULUM IMPLEMENTATION

Arrange a learning environment which invites active exploration, problem solving activities, and social interaction.

Provide for all areas of a child's development: physical, emotional, social, and cognitive through an integrated approach.

Emphasize learning as an interactive process.

Encourage children to select many of their own activities from a variety of learning areas prepared by the teacher.

Adapt activities to meet needs and interests of individual children.

Foster the development of individual goals and objectives in the natural context of the early childhood program.

Offer parents a variety of ways to participate in their child's educational program.

Reference: Bredekamp, S. (1987) *Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8.* Washington, DC: National Association for the Education of Young Children.

GUIDELINES FOR CURRICULUM IMPLEMENTATION

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Adapt activities to meet needs and interests of individual children.

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Offer parents a variety of ways to participate in their child's educational program.

(Bredekamp, 1987).

GOAL 3

Assessment

LEVEL: STAFF

GOAL: #3 Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: KNOWLEDGE

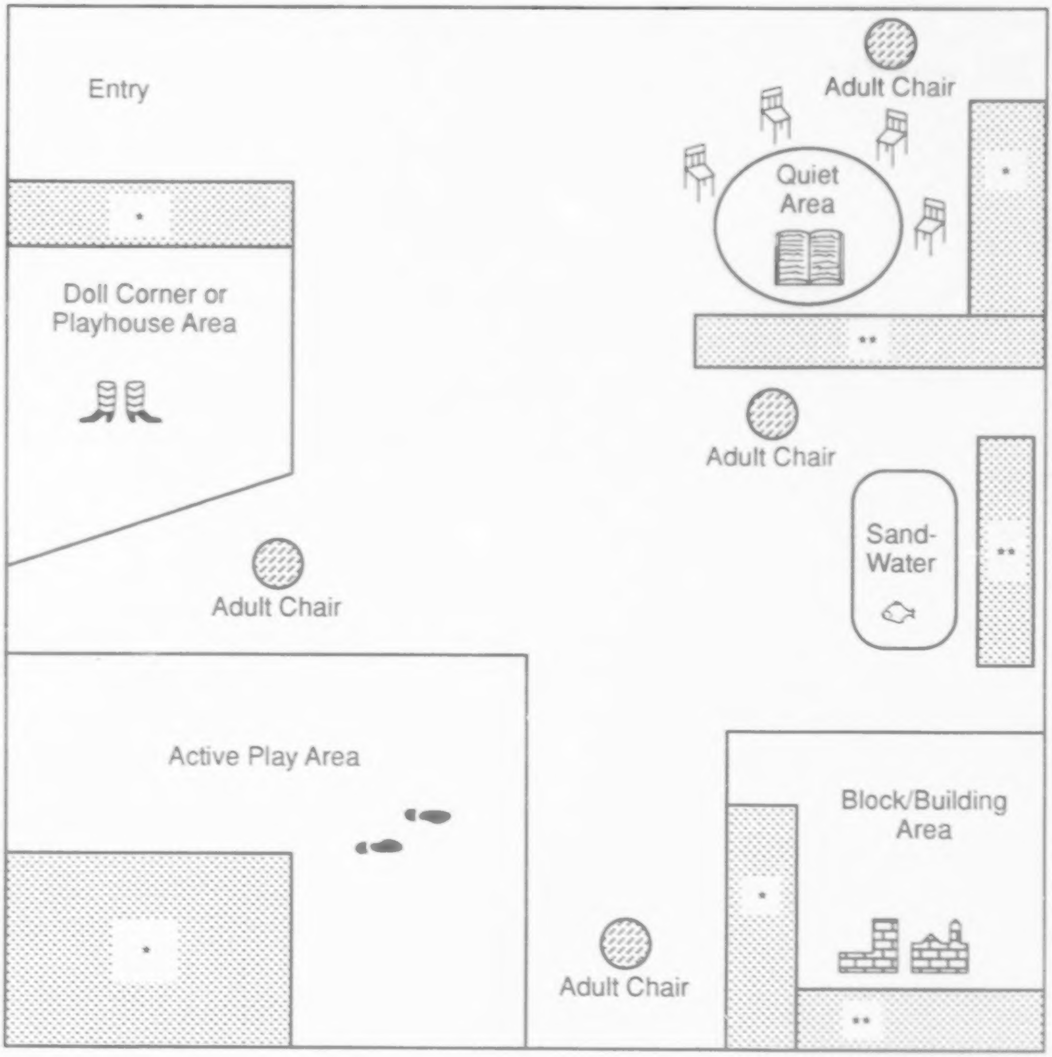
COMPETENCY COMPONENT: Participants will state the components of a transdisciplinary play-based assessment environment.

OBJECTIVE: Participants will be able to list the components of the play-based assessment environment.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present an overview of the naturalistic assessment environment.	1. Transparency/Handout (S-T10) *Sample Play-Based Assessment Environment* Mandell, C. and Quick, C. (1989). Parent-Professional Assessment Intervention Training Manual **Supplemental Resources** Linder, T. W. (1990) *Transdisciplinary Play-Based Assessment.*	1. The leader should refer to chapter four of the Linder Text which describes facilities and materials necessary for a comprehensive play-based assessment environment.

PAINT
SAMPLE PLAY-BASED ASSESSMENT ENVIRONMENT

Following is just one example of how an early intervention program might arrange the assessment environment.


Entry
Adult Chair
Quiet Area
*
Doll Corner or Playhouse Area
**
Adult Chair
Sand-Water
**
Adult Chair
Active Play Area
Block/Building Area
*
*
Adult Chair
**

* Storage
** Shelves

From C. Mandell and C. Quick (1989) PAINT: Parent-Professional Assessment Intervention Teaming Training Manual, Toledo, OH: Early Childhood Associates, Inc.

LEVEL: STAFF

GOAL: **#3** Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will state the components of a transdisciplinary play-based assessment environment.

OBJECTIVE: Participants will be able to compare the traditional assessment team members' roles with the roles assumed by transdisciplinary play-based assessment teams.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Ask the participants to identify the ideal transdisciplinary team. It is important to include parents as active team members assuming equal status with others. Next, ask participants to compare and contrast roles of traditional vs. transdisciplinary play-based assessment teams.	1. Handout/Transparency (S-H7) *Traditional vs. Play-Based Assessment Team Roles* **Supplemental Resources** Linder, T. W. (1990) *Transdisciplinary Play-Based Assessment.*	1. It may be helpful to refer to information presented in Goal #2 of this module which discusses the advantages and disadvantages of the various assessment models.

S-H7

TRADITIONAL VS. TRANSDISCIPLINARY PLAY-BASED ASSESSMENT TEAM ROLES

Traditional Model

- > Team members evaluate isolated aspects of the child at different times.
- > Team members assume "examiner" versus "facilitator" roles.
- > Parents may or may not be present during all or part of the assessment process.
- > Focus is on quantitative information (i.e., performance of specific behaviors)

Transdisciplinary Play-Based Assessment Model

- > All team members observe the child at the same time.
- > Team sharing of information and ideas is critical.
- > Parents are present and actively participate throughout the assessment process.
- > Focus is on qualitative information (i.e., underlying processes related to the development of skills).
- > One team member serves as "play facilitator."

LEVEL: STAFF

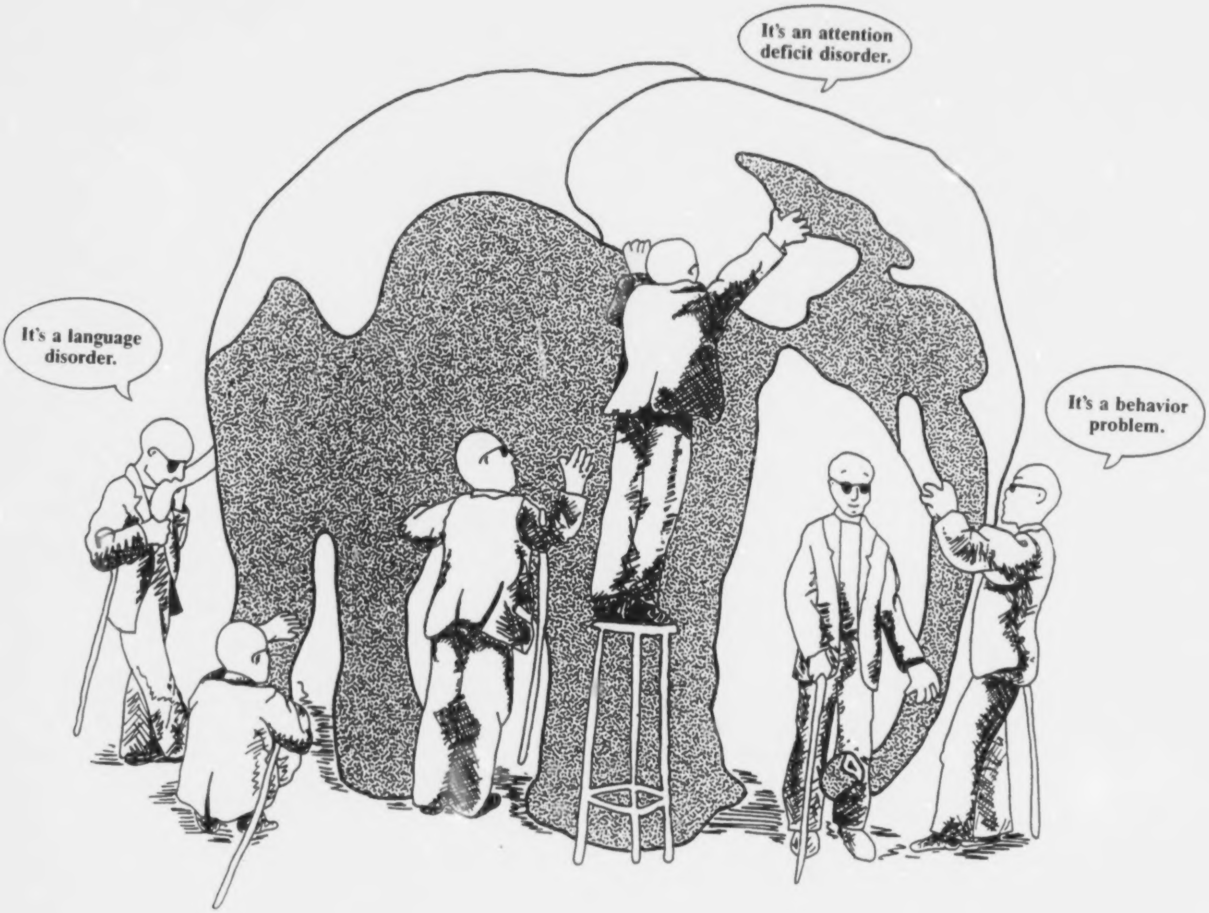
GOAL: #3 Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Participants will state the components of a transdisciplinary play-based assessment environment.

OBJECTIVE: Participants will be able to identify characteristics of multidisciplinary and transdisciplinary procedures.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Relate the problem with a multidisciplinary approach to assessment with the scenario of the *The Blind Men and the Elephant.*	1. Transparency/Handout (S-T11) *The Blind Men and the Elephant* Leader Notes (S-L1) *The Blind Men and the Elephant*	1. Narrative of *The Blind Men and the Elephant* included in the Leader Notes, S-L1.


It's an attention deficit disorder.
It's a language disorder.
It's a behavior problem.

The Blind Men and the Elephant

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
Though all of them were blind,
That each by observation
Might satisfy his mind.
The First approached the Elephant,
And happening to fall
Against his broad and sturdy side,
At once began to brawl:
“Bless me! but the Elephant
Is very like a wall!”
The Second, feeling of the tusk,
Cried, “Ho! what have we here,
So very round and smooth and sharp?
“To me is mighty clear
This wonder of an Elephant
Is very like a spear!”
The Third approached the animal,
And happening to take
The squirming trunk within his hands,
Thus boldly up and spake:
“I see” quoth he “the Elephant
Is very like a snake!”
The Fourth reached out his eager hand,
And felt about the knee.
“What most this wonderous beast is like
Is mighty plain,” quoth he;
“Tis clear enough the Elephant
Is very like a tree!”
The Fifth, who chanced to touch the ear,
Said, “E’en the blindest man
Can tell what this resembles most;
Deny the fact who can,
“This marvel of an Elephant
Is very like a fan!”
The Sixth no sooner had begun
About the beast to grope,
Then, seizing on the swinging tail
That fell within his scope,
“I see,” quoth he, “the Elephant
Is very like a rope!
And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!

GOAL 4

Assessment

LEVEL: STAFF

GOAL: #4 Recognize the variety of assessment instruments available to assess young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will identify guidelines for selecting appropriate assessment tools for use with the preschool population.

OBJECTIVE: Participants will be able to define terminology related to technical adequacy of assessment tools and procedures.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present an overview of terminology related to the technical adequacy of assessment tools and procedures.	1. Handout (S-H8) *Technical Adequacy of Assessment Tools* Handout/Transparency (S-H9, S-T12) *Technical Adequacy Terminology* **Supplemental Resources** Bailey, D. D. and Wolery, M. (1989). *Assessing Infants and Preschoolers With Handicaps.*	1. Refer to chapter two in the Bailey and Wolery text for an in-depth presentation on technical adequacy. Give specific attention to appropriateness of use of instruments with specific populations (i.e., nonbiased assessment).

S-H8

TECHNICAL ADEQUACY OF ASSESSMENT TOOLS

There are several sources of error in the assessment process. Unqualified examiners, poor testing environment, lack of rapport with the young child, and the tests themselves all contribute to measurement error. The focus here is on the technical adequacy of the tests themselves.

Early intervention assessment teams are frequently faced with the challenging task of selecting assessment tools. Unfortunately such decisions are too often made with little guidance or direction. To assist in selecting appropriate assessment tools, the assessment should use a technical adequacy checklist when evaluating potential tests. Technical adequacy refers to the validity and reliability of the instrument.

Following is a quick review of common technical adequacy terminology. Due to grave decisions made on the basis of test scores, it is critical that evaluation teams investigate thoroughly the test's construction, administration, and scoring procedures before deciding on adopting a particular test.

The reference section of your library can assist you in locating reference books that evaluate the technical adequacy of tests. Following is an example of a reference source which reviews and critiques standardized assessment tools:

> Buros, O. K. (1978) *The ninth mental measurement yearbook.*
> Lincoln, NE: University of Nebraska Press, 1985.

In addition, professional organizations, such as the National Association for the Education of Young Children and the Division of Early Childhood of the Council for Exceptional Children, and state departments of education frequently provide position papers and guidelines for implementing exemplary practices. Such papers provide professionals with state of the art thinking and a direction for securing more in-depth information.

TECHNICAL ADEQUACY TERMINOLOGY

Reliability: A simple general definition of reliability is that a test consistently measures what it is designed to measure. However, there is more to the subject. Test reliability is multifaceted, i.e., there are several different types of reliability professionals should consider when selecting tests.

Reliability refers not only to the test itself but also to the interaction between the examiner and test. Following is a listing of reliability factors to be investigated. For a more thorough understanding, see Bailey and Wolery, 1989.

> **Procedural reliability:** The test examiner follows the directions for administering the test as outlined in the test manual. The responsibility for procedural reliability rests with the examiner. If there is not enough time to administer the test as outlined in the examiner's manual, then the test should not be administered. If the examiner is not familiar with the test organization, items, basals, and ceiling, then the reported scores are not accurate and should not be reported under any circumstances.
>
> **Scoring reliability:** The test examiner follows the scoring procedures and criteria as stated in the test manual.
>
> **Test-retest reliability:** The test scores are consistent when the test is administered repeatedly over time.

Not only do examiners want to know if a test repeatedly measures the same constructs, they also want assurance that the test does indeed measure the construct it purports to measure, i.e., the test is valid. **Validity** discussions presented in test manuals and research studies often focus on the following types of validity.

> **Content validity:** The test measures what it was designed to measure. In order to determine how well a test measures what it is supposed to measure, it is necessary to be thoroughly familiar with the content being measured. For example, if a test is measuring prereading skills, it is important for professionals to be aware of the knowledge and skills associated with prereading performance. What we want to know here is does the test's prereading skills content match the prereading skills as cited in the professional literature.
>
> **Criterion validity:** The test correlates with other independent measures. If examiners want to determine if a particular test correlates with another measure, then they should examine concurrent validity studies. However, if the concern is on how the test corresponds to a future outcome, then the reader's interest should shift to predictive validity reports. The higher the correlation between two measures, the more effective the test is as a predictor. Early intervention assessment teams should be concerned with both concurrent and predictive validity studies for the tests they are considering adopting.
>
> **Construct validity:** The test measures a hypothetical construct, attribute, or trait. Interest here is on how well a test measures a nonobservable behavior. For example, one can't readily observe motivation, adaptive behavior, or intelligence. Instead these are labels researchers and theorists have given to explain and understand behavior and performance. There are many tests available which purport to measure intelligence, adaptive behavior, motivation, etc. Construct validity studies examine the predictive nature of correlations, as well as explore predictions about group differences. Another way of studying constructs is to study the predictive effects of intervention or treatments on the construct or attribute being measured by the test.

TECHNICAL ADEQUACY TERMINOLOGY

Reliability - test consistently measures what it is designed to measure

Procedural reliability

Scoring reliability

Test-retest reliability

Validity - test measures the construct it purports to measure

Content validity

Criterion validity

Construct validity

LEVEL: STAFF

GOAL: #4 Recognize the variety of assessment instruments available to assess young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will identify guidelines for selecting appropriate assessment tools for use with the preschool population.

OBJECTIVE: Participants will be able to critique the technical adequacy of commonly used preschool assessment tools.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Have the participants critique commonly used assessment tools. (It would be more meaningful to have available those tools that the participants are currently using or are considering using.) The participants are to write their responses on the Worksheet: *Technical Adequacy Checklist*. Next, have the participants complete at least one *Early Intervention Instrument Evaluation* Worksheet.	1. Worksheets (S-W1, 2) *Technical Adequacy Checklist* *Early Intervention Instrument Evaluation*	1. It is important to include criterion-referenced, norm-referenced, and standardized tools. If possible provide the complete assessment kits.

S-W1

TECHNICAL ADEQUACY CHECKLIST

Based upon information provided in the test manual (TM) and research literature (RS), determine the acceptability of each technical adequacy component. In order to complete this task, you must first identify the stated purpose of the tool as cited in the TM and the RS, then identify your intended use of the tool.

Technical Adequacy Component	Acceptable (cite sources: TM and RS, and document conclusions)	Unacceptable (cite sources: TM and RS, and document conclusions)
Procedural reliability		
Scoring reliability		
Test-retest reliability		
Content validity		
Concurrent validity		
Predictive validity		
Construct validity		

Recommendation for adoption: ____________________

EARLY INTERVENTION INSTRUMENT EVALUATION

Instrument: ______________________________

Author: ______________________________

Publisher: ______________________________

____

Purpose (as stated in manual): ______________________________

____

____

____

Intent (purpose, population, and setting in which tool will be used): ______________________________

____

____

____

Recommendation to adopt (Based upon a review of research literature and information provided in the test manual, as indicated on the corresponding Technical Adequacy Checklist, write a rationale for adopting/not adopting this tool.): ______________________________

____

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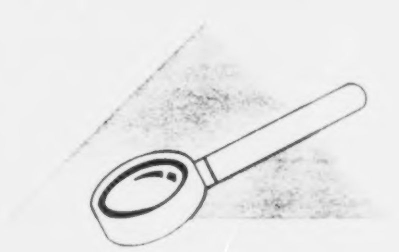
Assessment



2

LEVEL: STAFF

GOAL: #5 Understand the use of systematic observation in assessing young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will complete a systematic observation and summarize the findings from a developmental perspective.

OBJECTIVE: Participants will be able to identify the components of a systematic observation.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present an overview of the components of a systematic observation.	1. Handouts (S-H10, 11) *Systematic Observation Components* *Method for Systematic Observation* **Supplemental Resources** Bailey, D. D. and Wolery, M. (1989). *Assessing Infants and Preschoolers With Handicaps* Beatty, J. J. (1990). *Observing Development of the Young Child*	1. Ask participants to consider how diversity among families (e.g., ability, cultural, racial, religious, gender, etc.) might affect their approach.

COMPONENTS OF SYSTEMATIC OBSERVATION

I. Planning for Observation

> establish purpose of observation & define behavior(s) to be observed

> select appropriate dimension of behavior to measure (e.g., frequency, intensity, duration, accuracy)

> select data collection system & identify/design data collection sheets

> determine date(s) and time(s) of observation

II. Implementation

> methods for systematic observation

> record specific information (date, time, activity child is involved in, who child is interacting with, antecedents, consequences, etc.)

> observe the child more than once and in more than one setting, if possible

> focus on overt behaviors

III. Interpretation of Data

> make objective inference(s) based on review of observational data (Inferences must be based on sufficient evidence!)

> cross-check data with other sources of information

IV. Planning Based on Observations

> identify areas of strength

> identify areas in need of development

> develop an intervention plan based on child's identified areas of strengths and needs

Beatty, J. J. (1990). *Observing development of the young child*. Columbus, OH: Merrill Publishing Company.

METHODS FOR SYSTEMATIC OBSERVATION

Anecdotal Records

- written narrative describing specific behaviors and/or circumstances surrounding the behaviors
- recorded after behavior occurs
- open-ended, requiring no special observer training
- may result in misleading analysis of behavior, as behavior is taken out of context

Example:

Feb. 5 after her OT session, Lisa ran back to the classroom, pushed Larry, who was at the sand table, and threw herself on the pillows in the book area. She started shouting, "I want a snack, I want a snack." Mary (the aide) went over to quiet Lisa, but Lisa pushed her away and continued shouting for a snack.

Running Records

- narrative written in sequence over time
- recorded while behavior is occurring
- designed to identify cause and effects of behavior
- open-ended, requiring no special observer training
- time-consuming and difficult to use with more than one child at a time

Example:

Feb. 9 Choice time. Larry goes to sand table; digs into sand with both hands. Uses sweeping hand movements and often pushes sand over edge of table. Bumps Jodi's cars in the sand; Jodi gets angry and tells Larry to stop. Larry hits Jodi.

Feb. 10 Choice time. Larry in block area; begins stacking large blocks in tower form. After three blocks, tower falls. Larry kicks the blocks and walks over to the kitchen area. There, he takes a cup from the place where Tim is playing. Tim gets upset and tells Larry to stop it. Tim takes the cup from Larry. Larry hits Tim and runs back to the blocks.

Time Sampling

- > tallies indicating presence or absence of specified behavior over short period of time
- > recorded while behavior is occurring
- > objective
- > limited to observable behaviors that occur frequently
- > takes behavior out of context

Example:

Name: **Jodi** Date: **2/11**

Behavior: Interaction with peers

Time:	**Initiates**	**Responds**
Arrival		X
Circle	X	XX
Free Play	XXX	
Snack	X	XX

Event Sampling

- > brief narrative of conditions preceding the following specified behavior
- > recorded while behavior is occurring
- > objective
- > limited to observable behaviors that occur frequently
- > takes behavior out of context

Example:

Name: **Tim** Date: **2/13**

antecedent	**behavior**	**consequence**
language specialist gives Q-tip to Tim	takes Q-tip & breaks it	asked how he was to paint attempts to fix Q-tip
class painting with Q-tips	calls for teacher attention	no response from teacher
class completes painting	dips finger in paint and paints arms	towel given & asked to clean up

Rating Scales

> scale of traits or behaviors
>
> recorded before, during, and after behavior occurs
>
> designed to judge degree to which child behaves or possesses certain traits
>
> not time-consuming
>
> efficient for observing more than one child at a time
>
> subjective
>
> limited to specified traits or behaviors

Example:

To what extent does the child demonstrate the following:

Behavior	**Most of the time**	**Sometimes**	**Seldom**	**Never**
comfort in separating from parent			X	
interest in other children		X		
interest in group activities			X	

Checklists

> list of behaviors
>
> recorded before, during, and after behavior occurs
>
> designed to determine presence or absence of specified behaviors
>
> efficient for observing more than one child at a time
>
> useful for a child over a period of time
>
> limited to specified behaviors

Example:	**Mastered**	**Emerging**	**Not Present**
drinks from cup		X	
eats with a spoon		X	
says “ma-ma”	X		

LEVEL: STAFF

GOAL: #5 Understand the use of systematic observation in assessing young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will complete a systematic observation and summarize the findings from a developmental perspective.

OBJECTIVE: Participants will be able to demonstrate skill in completing a systematic observation and summarizing the findings.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Ask participants to review the Worksheet (S-W3) and identify the types of information that might be recorded in the various categories.	1. Worksheet (S-W3) *Observation Summary*	1. Discuss results of the small group activity in the large group.

OBSERVATION SUMMARY

Child's Name ________________________________ D.O.B. __________

Date of Observation ____________ Time of Day ________ Child's Age ________

Observer ____________________________ Position ______________

Setting ________________ Purpose of observation ______________

____

Behaviors observed:

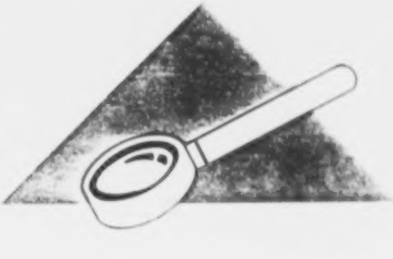
Areas of concern:

Related background information:

Suggested follow-up:

Additional comments:

Assessment



GOAL 6

LEVEL: STAFF

GOAL: #6 Understand variables related to summarizing and sharing assessment results.

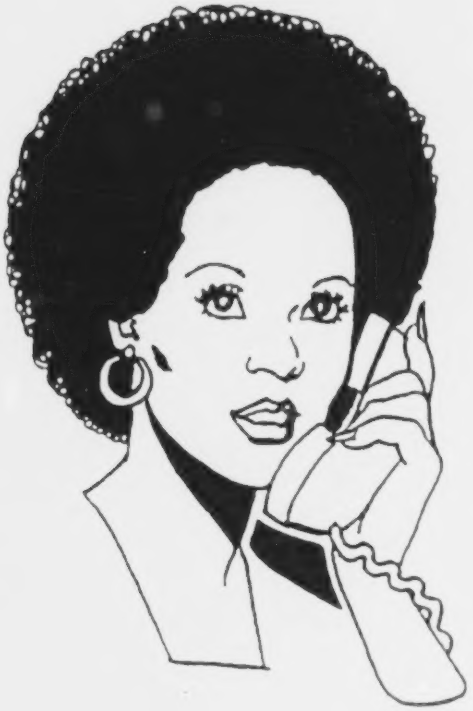
COMPETENCY TYPE: KNOWLEDGE

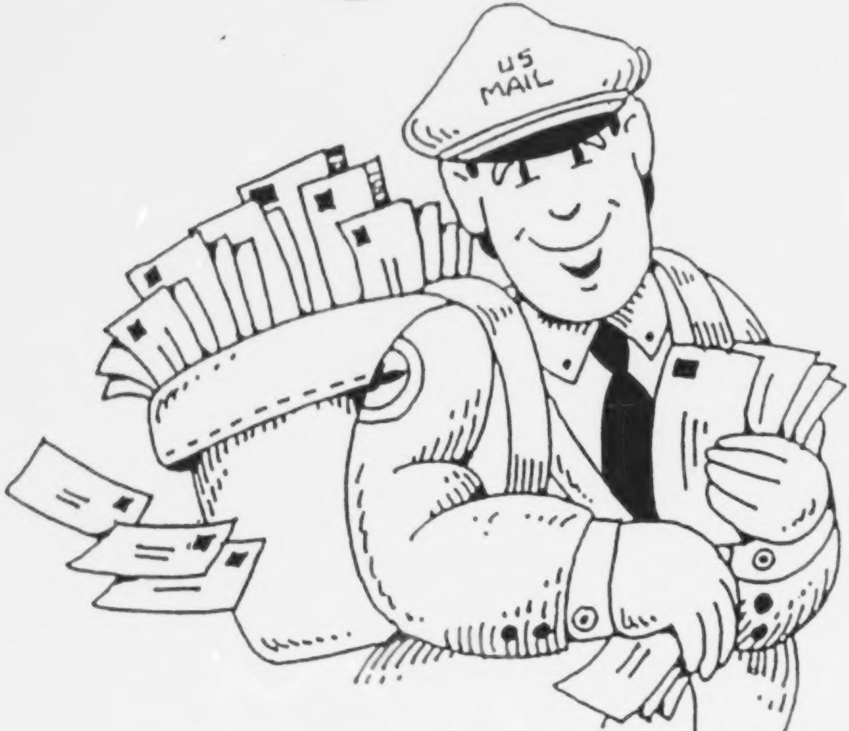
COMPETENCY COMPONENT: Identify effective strategies for communicating assessment summary findings.

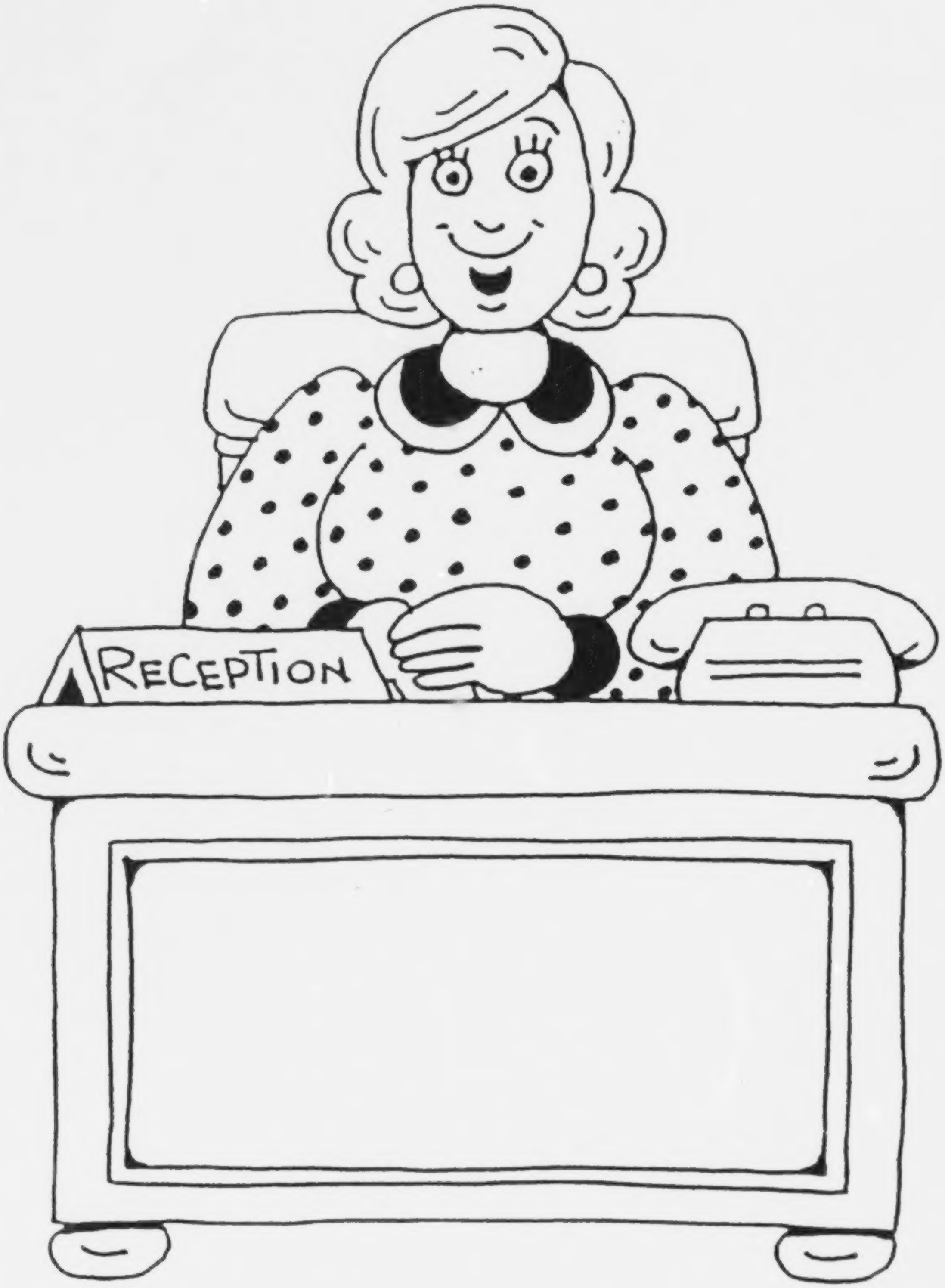
OBJECTIVE: Participants will become familiar with facilitators for enhancing communication during the post-assessment conference.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Presentation: Present an overview of the *Conference Communication Facilitators* by using: a. the 15-page picture sequence on Transparencies (selected from *Ready-to-Use Humorous Office Spot Illustrations* (1978) and *Ready-to-Use Office and Business Illustrations* (1988). b. the *Conference Communication Facilitators* text, to describe the point illustrated by the pictures as they are presented on the overhead.	1. Transparencies (S-T13, 14) *Conference Communication Facilitators* 15-page picture sequence. *Conference Communication Facilitators* text	1. How to use the Conference Communication Facilitators presentation: The text number (e.g., #1. Make Arrangements to Meet) is read at the same time as the picture Transparency #1 is placed on the overhead. Text #4 is the only one that requires two picture Transparencies, #4A and #4B. Leader may want to use color to increase effectiveness of the Transparencies. Review Suggestion: You may want to use a *Conference Communication Facilitators* text Transparency to follow along with the Handout.
2. After the presentation, hand out the *Conference Communication Facilitators* text to the participants. a. discuss and add other communication facilitators to the list.	**Supplemental Resources** Linder, T. W. (1990). *Transdisciplinary Play-Based Assessment* Mandell, C. and Quick, C. (1989). *PAINT: Parent-Professional Assessment Intervention Training Manual*	

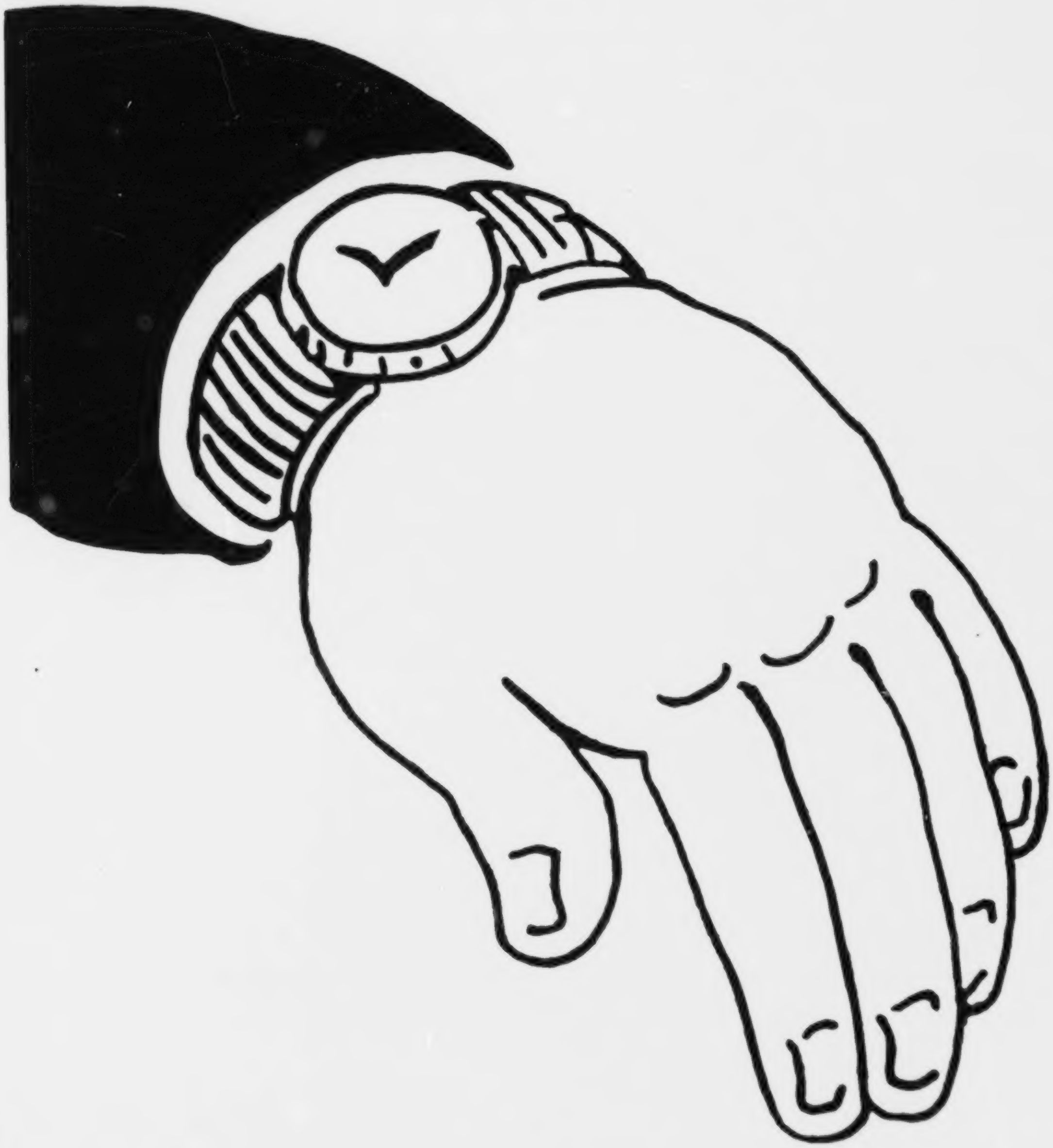
S-T13

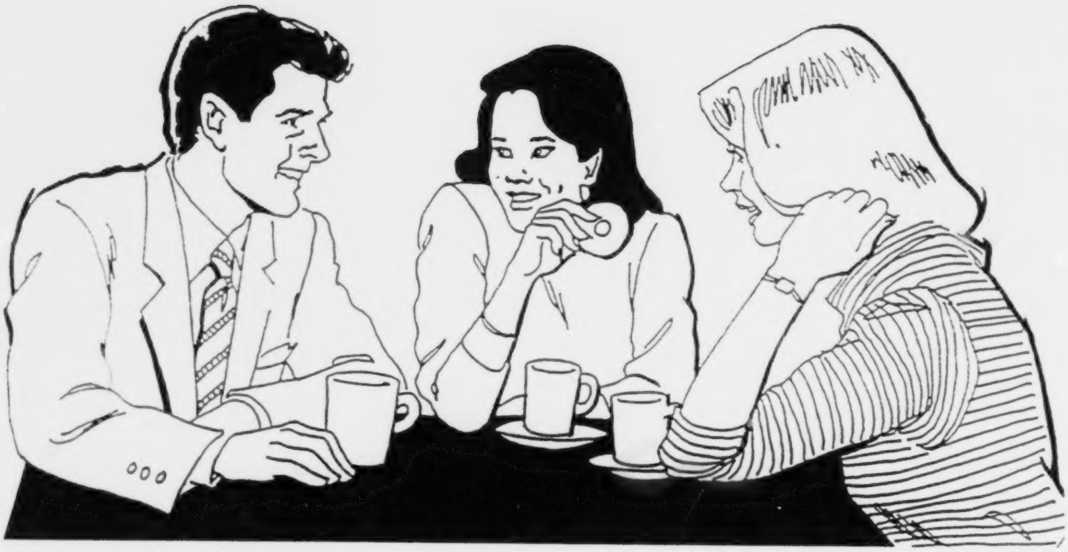




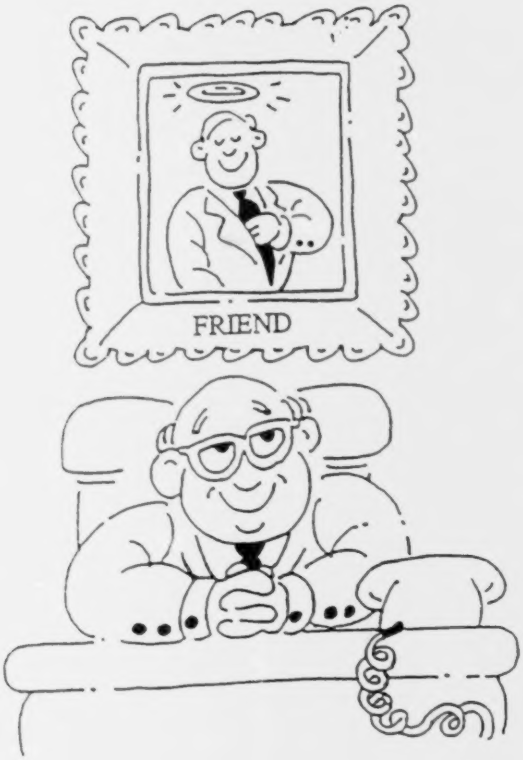

RECEPTION

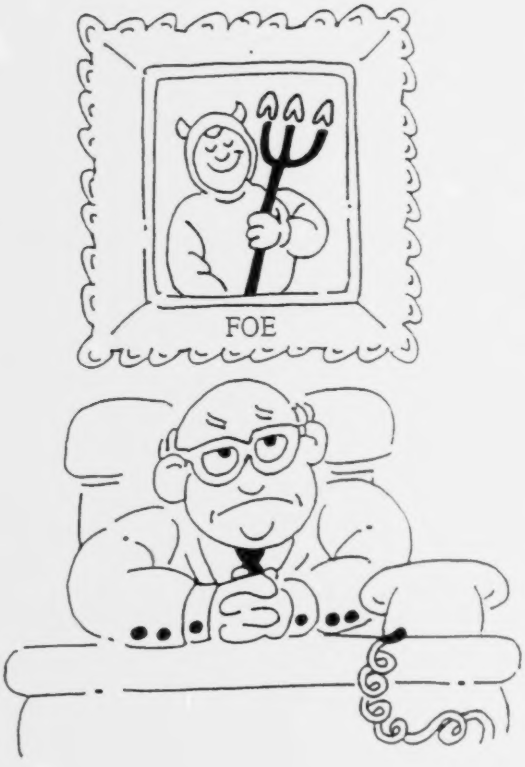
S-T13

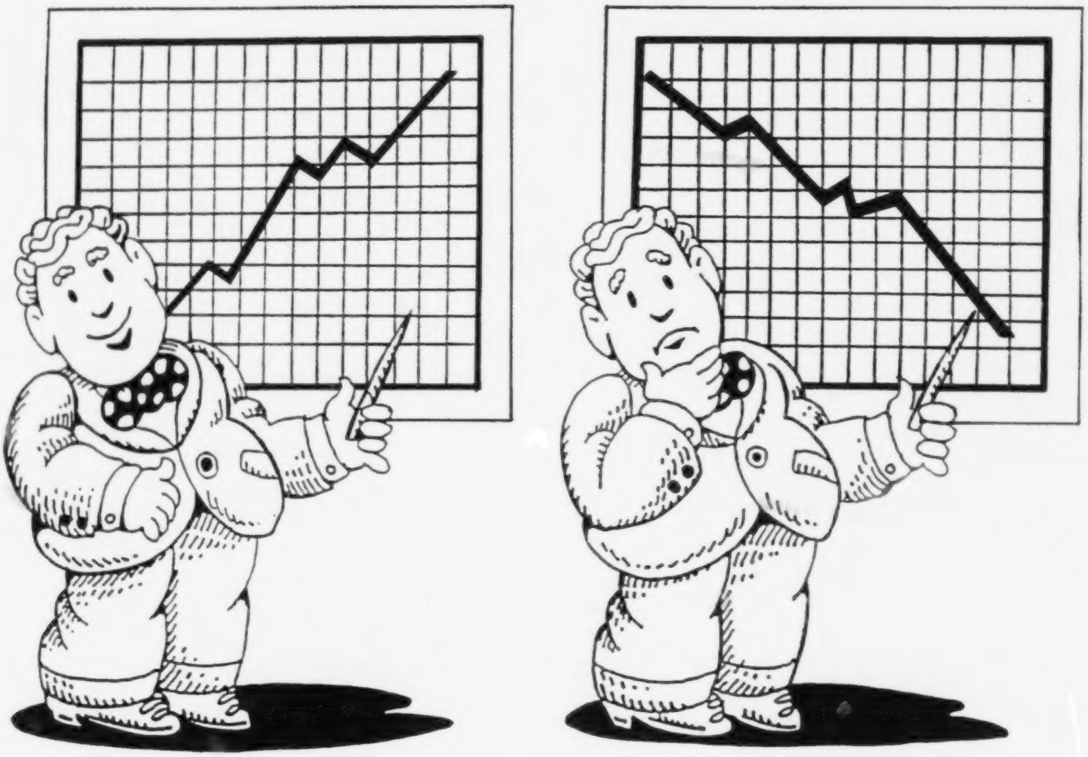




S-T13







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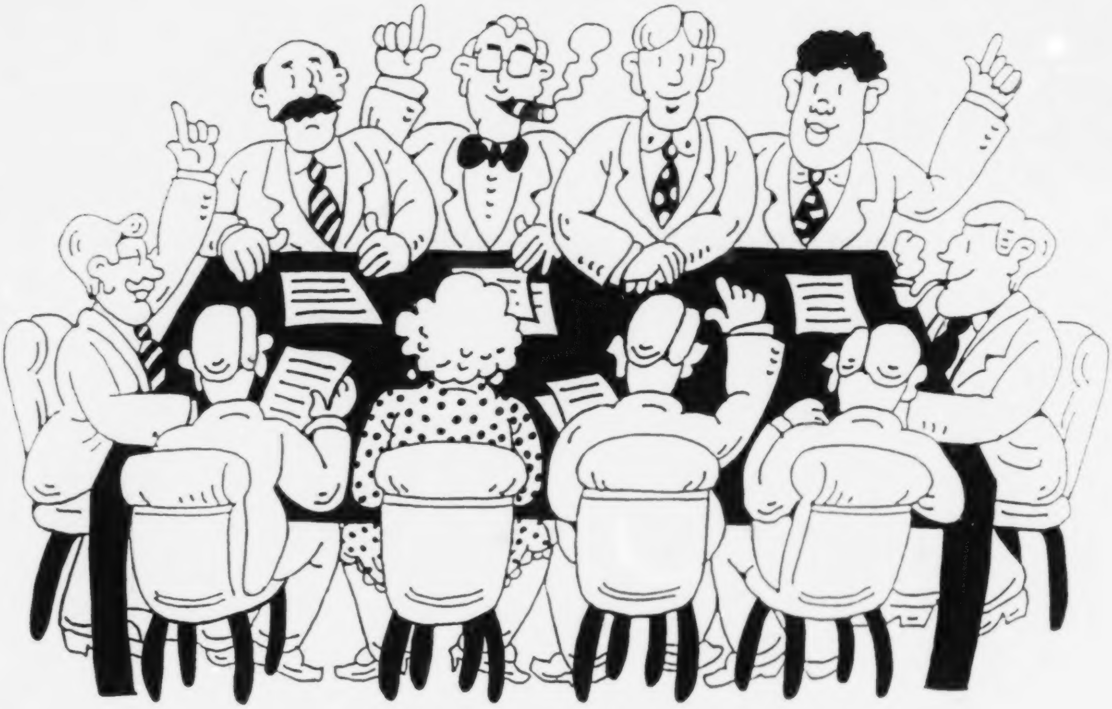

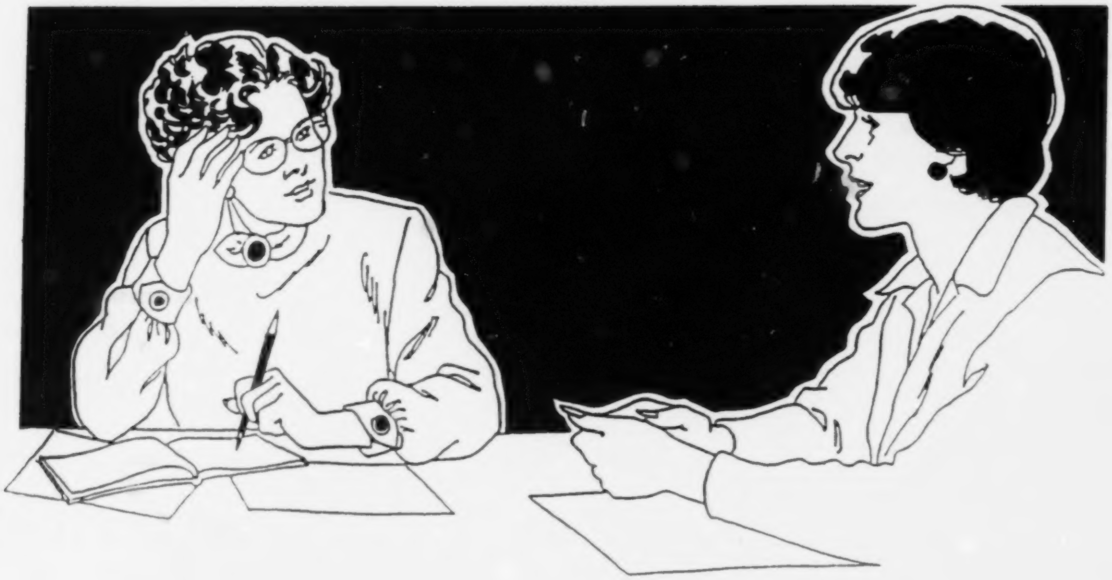

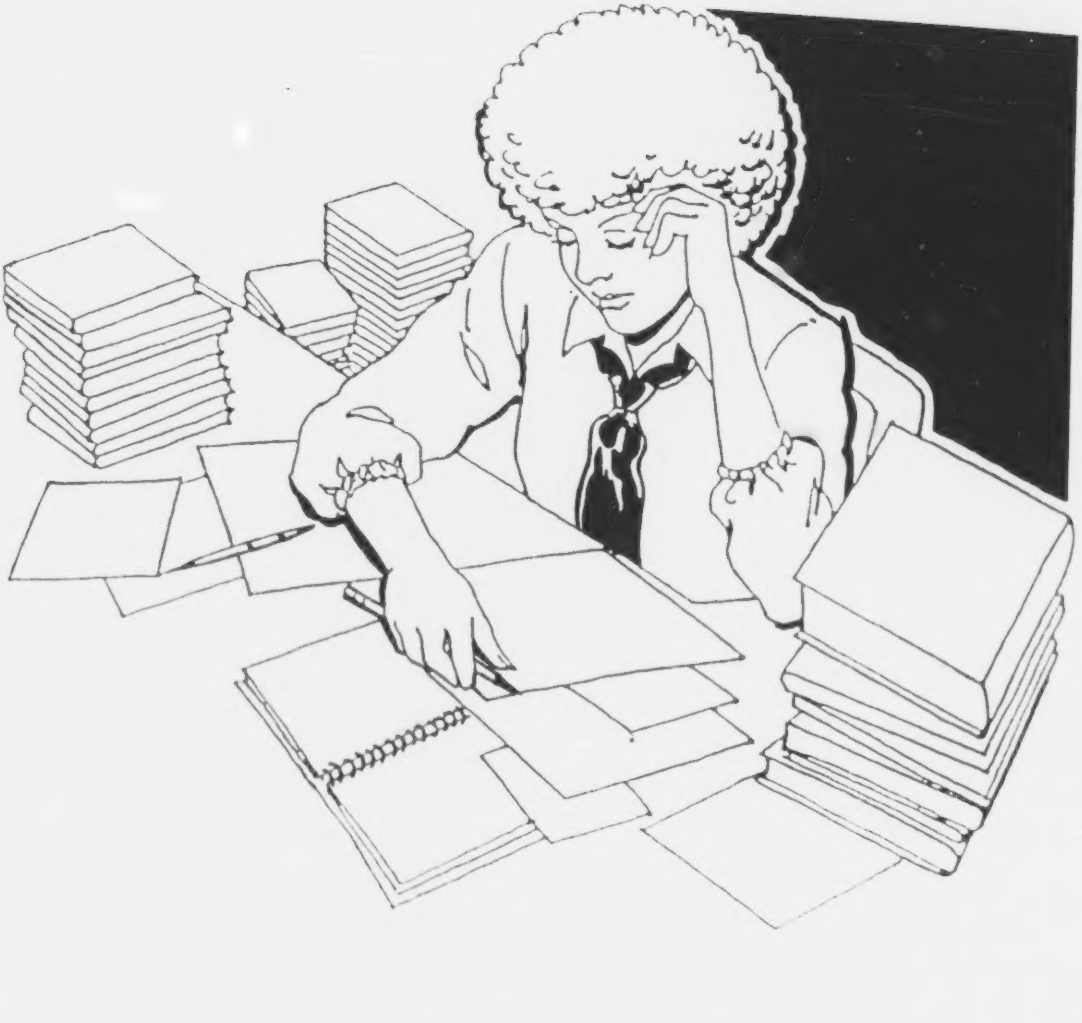

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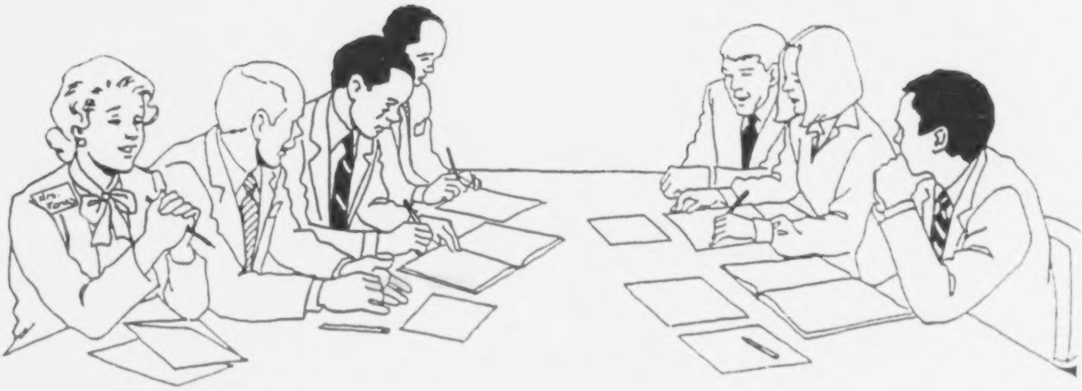
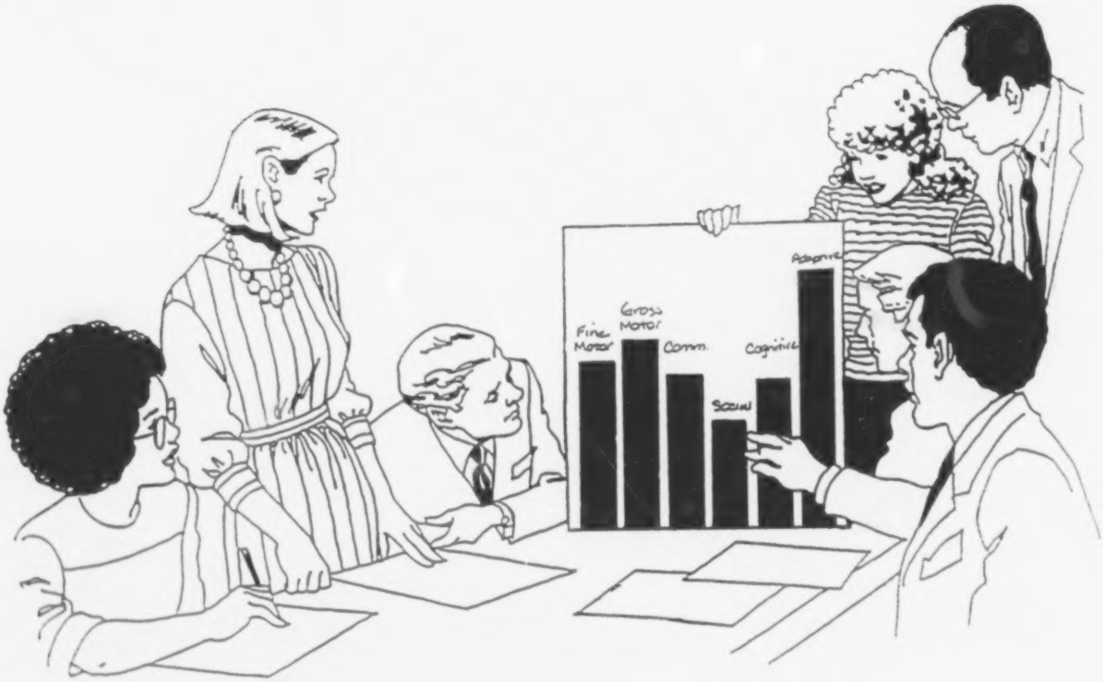
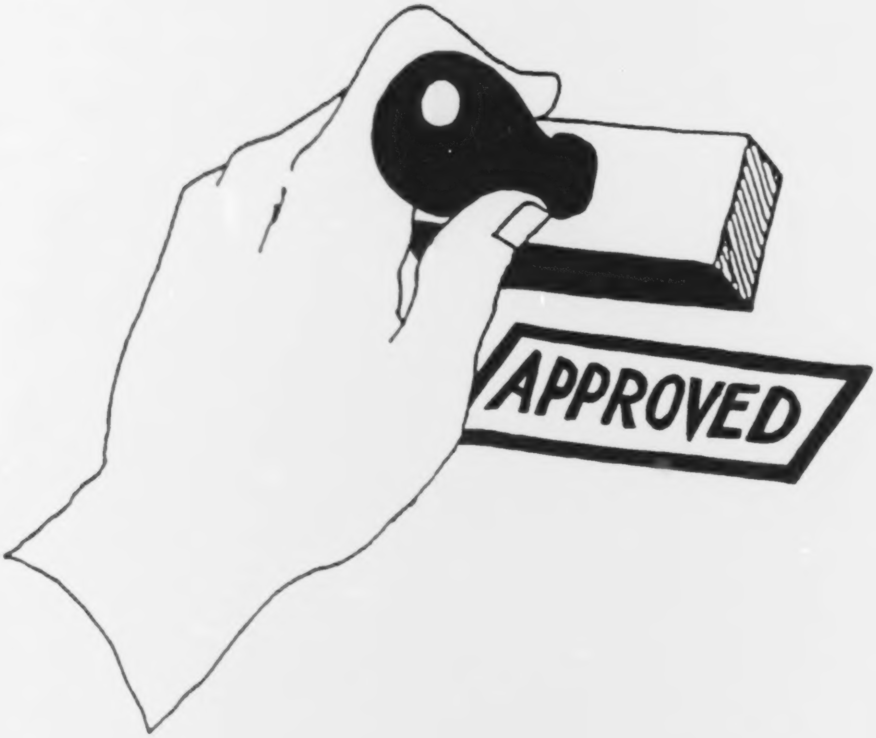
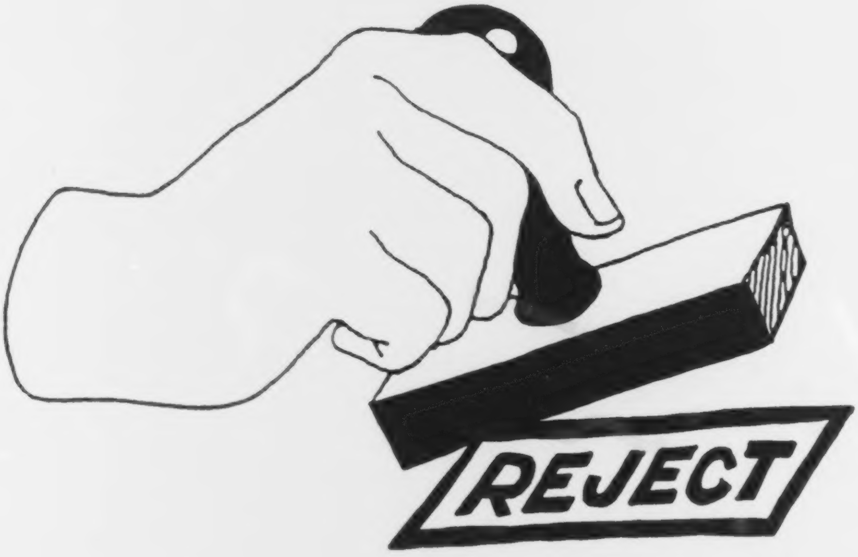


S-T13

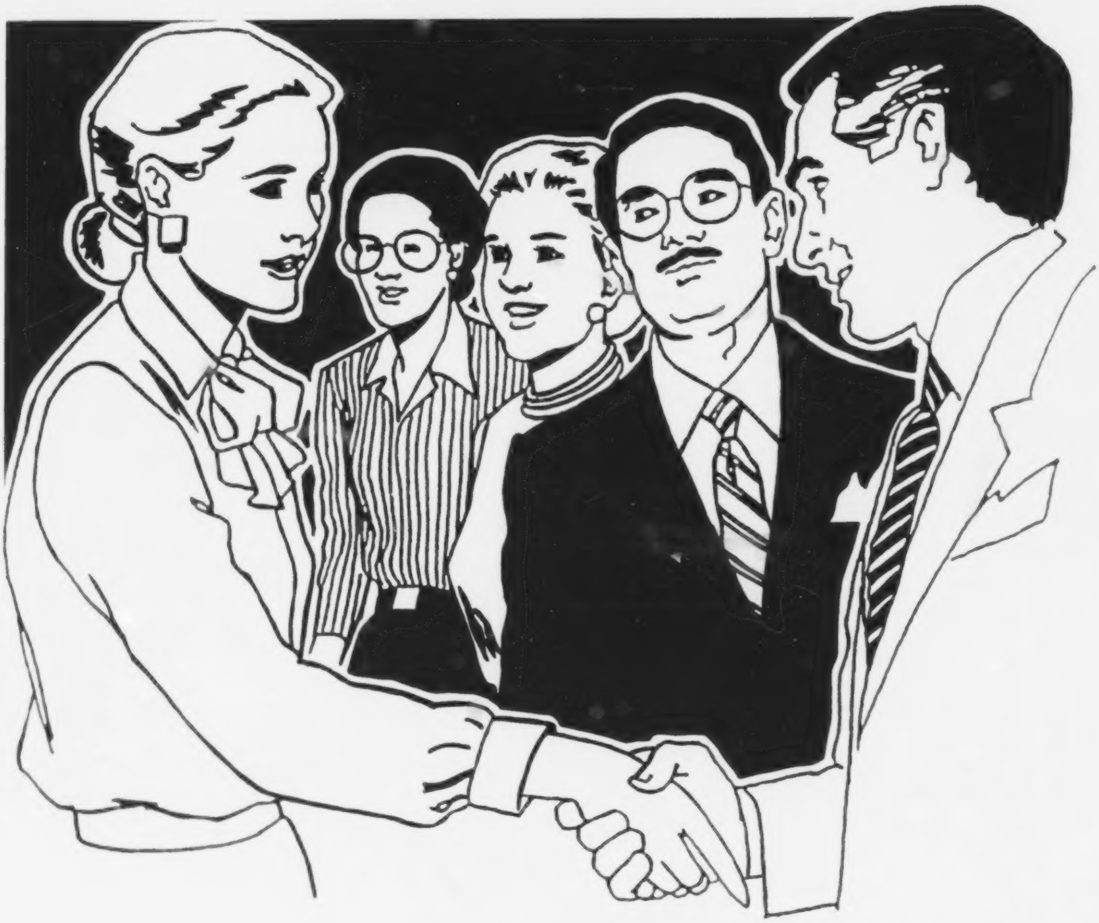

Fine Motor
Gross Motor
Comm.
Social
Cognitive
Adaptive

S-T13





S-T13



CONFERENCE COMMUNICATION FACILITATORS TEST FOR TRANSPARENCIES

1. **Make Arrangements to Meet**
   - ✓ Immediately after assessment session or
   - ✓ Call or
   - ✓ Send a letter

2. **Give a Warm Reception**
   - ✓ Makes people feel welcome

3. **Watch Your Time**
   - ✓ Begin and end promptly
   - ✓ Allow adequate time

4. **Location**
   - ✓ Choose a comfortable one or
   - ✓ Make a comfortable one

5. **Written Report**
   - ✓ Record results of the meeting

6. **Attitude**
   - ✓ Parents as a friend
   - ✓ Not foe

S-T14

7. **Be Positive**
   - ✓ Emphasize what the child can do
   - ✓ Not what he cannot do
8. **Listen**
   - ✓ Don't just wait to add your own two cents
9. **Eye-To-Eye Contact**
   - ✓ Reinforces listening
   - ✓ Communicates caring
10. **Simplify**
    - ✓ Avoid technical jargon or
    - ✓ Add explanations
11. **Include Parent in Conversation**
    - ✓ Decide with, not for
12. **Deal with the Whole Child**
    - ✓ Not just the parts
13. **Give Assistance and Direction**
    - ✓ Not simply approval or rejection
14. **Team Effort**
    - ✓ Parents and professionals working together
    - ✓ Working to help the child
15. **Put Your Best Foot Forward**
    - ✓ For your successful conference

LEVEL: STAFF

GOAL: **#6** Understand variables related to summarizing and sharing assessment results.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Identify effective strategies for communicating assessment summary findings.

OBJECTIVE: Participants will be able to identify facilitators of and barriers to communication during the post-assessment conference.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Gather a panel of parents together who have or recently had a preschool child with special needs in programming. a. Set aside a portion of this session and have the parents share about their post-assessment conference experience. b. A list of possible *Parent Panel Questions* is provided.	1. Handout (S-H12) *Parent Panel Questions*	1. You may want to hand out the *Parent Panel Questions* ahead of time to the parents involved so they have more time to think through their post-assessment conference experience. This may also make them feel more comfortable speaking in front of people.
2. Give the participants a copy of the Handout: *Communication Facilitators and Barriers*. a. Have the participants write down on this Handout the communication facilitators and barriers which they hear mentioned in the parents' comments.	2. Transparency/Handout (S-T15) *Communication Facilitators and Barriers*	
3. After the parents leave, summarize and discuss the parents' comments by noting the strategies that facilitate good communication and those that can hinder good communication.		

S-H12

PARENT PANEL QUESTIONS

1. How were you notified about your child's post-assessment conference?
2. How long was your child's conference? Was the time sufficient? Convenient?
3. Where was your child's conference held? Was this convenient? Comfortable?
4. What type of reception did you receive?
5. Was there an oral report of any kind? Written? If so, when did you receive it? Could you understand all the terminology?
6. How were you included in the conversation at the conference?
7. How were you involved in the overall decision making process?
8. What kind of rapport did you have with the other team members?
9. Was your child treated as a whole person or as separate parts?
10. Did the conference help you plan for your child's immediate future?

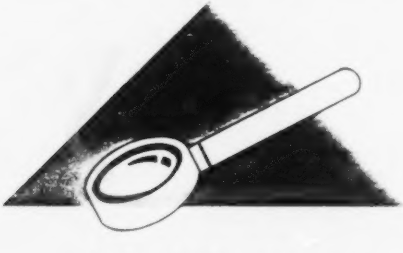
COMMUNICATION

FACILITATORS	BARRIERS

PROJECT

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

Assessment



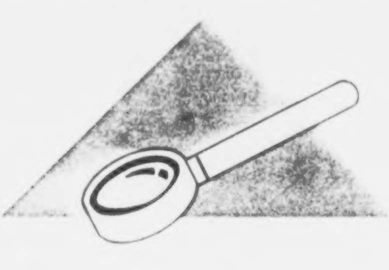
Administrator

GOALS

1. Understand state and federal mandates relating to assessment of young children.
2. Be able to implement the assessment team process.
3. Understand the basic procedure involved with assessing young children.
4. Recognize the variety of assessment instruments available to assess young children.
5. Understand the use of systematic observation in assessing young children.
6. Understand variables related to summarizing and sharing assessment results.

GOAL 1

Assessment



LEVEL: ADMINISTRATOR

GOAL: #1 Understand state and federal mandates relating to assessment of young children.

COMPETENCY TYPE: KNOWLEDGE

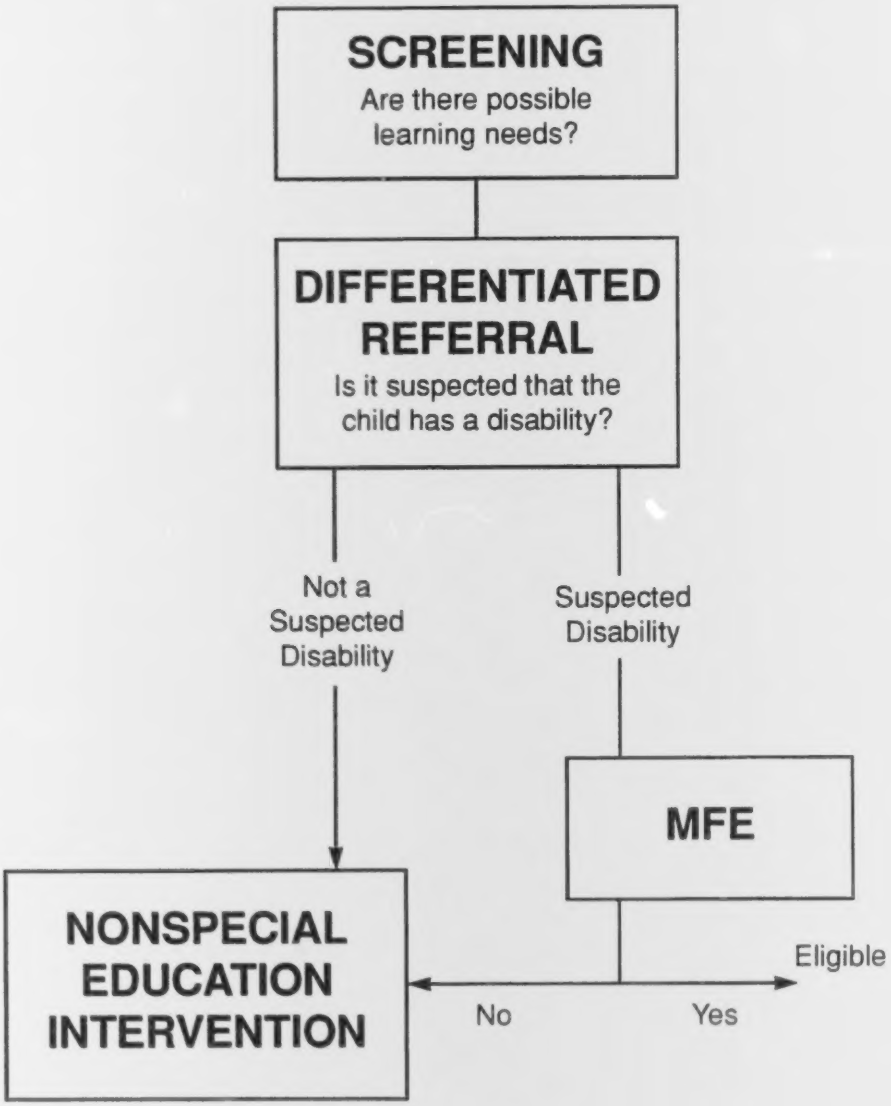
COMPETENCY COMPONENT: Identify the role of the Local Education Agency in the Assessment process as identified in federal and state legislation.

OBJECTIVE: Participants will understand the role of the LEA in screening, differential referral, and assessment.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Mini-lecture on the role of the LEA in identifying preschool children with disabilities. Discuss and formulate options for children who are delayed but who do not need DOE criteria.	1. Transparency/Handout (A-T1) *Identification Process* **Supplemental Resources** "Early Childhood Identification Process; Relationship of Screening, Assessment, and Evaluation to Intervention" Table, p. 8, *The Early Childhood Identification Process: A Manual for Screening and Assessment,* Ohio Department of Education	1. Discussion of collaborative efforts to provide services in the community through Local Collaborative Groups is critical at this point.

A-T1

IDENTIFICATION PROCESS


SCREENING
Are there possible learning needs?
DIFFERENTIATED REFERRAL
Is it suspected that the child has a disability?
Not a Suspected Disability
Suspected Disability
MFE
NONSPECIAL EDUCATION INTERVENTION
Eligible
No
Yes

LEVEL: ADMINISTRATOR

GOAL: **#1** Understand state and federal mandates relating to assessment of young children.

COMPETENCY TYPE: SKILL/VALUE/ATTITUDE

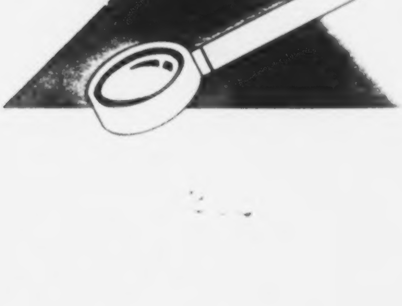
COMPETENCY COMPONENT: Identify the role of the Local Education Agency in the assessment process as identified in federal and state legislation and rules.

OBJECTIVE: Participants can share a rationale for providing early intervention services.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Videotape: "Why Can't They Wait 'til They're Older?" *Young and Special Series*, University Park Press, Baltimore, MD.	1. Video "Why Can't They Wait 'til They're Older?" from the *Young and Special Series*	1. *Young and Special Series* is available from all SERRCs.
2. Small group activity Divide into small groups. Generate list of why early provision of services is critical for children and families.		2. Sharing lists with the large group would be effective if time allows.
	Supplemental Resources White, K. R. "Efficacy of Early Intervention," *The Journal of Special Education,* 19 Reynolds, L, R. Egan, & J. Lerner, "Efficacy of Early Intervention on Preacademic Deficits: A Review of the Literature." *Topics in Early Childhood Special Education,* 3	

GOAL 2

Assessment



LEVEL: ADMINISTRATOR

GOAL: #2 Be able to implement the assessment team process.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will identify program evaluation and monitoring procedures appropriate for early childhood special education programs.

OBJECTIVE: Participants will become aware of the value of evaluating and monitoring progress in early childhood special education programs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Present a rationale on the role of evaluation and monitoring procedures in early intervention.	1. Handouts/Transparency (A-H1, 2) *Introduction to Program Evaluation* *Program Evaluation Strategies* **Supplemental Resources** Posavac, E. J. & Carey, R. G. (1989). Program Evaluation (3rd ed.)	1. It is important to distinguish between program evaluation and monitoring child progress. Both are necessary components of a comprehensive early childhood special education program.

A-H1

AN INTRODUCTION TO PROGRAM EVALUATION

The purpose of program evaluation is to measure the effectiveness of the intervention program. According to Peterson (1987), three aspects of the program are judged:

- overall child outcomes
- efficiency, including cost effectiveness, and quality of the program, and
- consumer satisfaction.

This type of evaluation provides the community with a means for determining program accountability. Given the limited time, money, and personnel resources facing many communities today, such information is critical for decision making. In essence, program evaluation activities permit professionals to document a program's effectiveness.

Two approaches to conducting a program evaluation are internal review and external review. Internal review refers to those evaluation activities which are conducted by personnel within the program. External review, on the other hand, utilizes outside evaluators. External reviewers are viewed to be more objective in determining a program's strengths and weaknesses. In reality a comprehensive evaluation includes both. Staff tend to view a program differently from consumers and others from the outside. This internal perspective is a key piece of information since staff often understand the internal day-to-day operations better than anyone else.

Comprehensive evaluation includes both summative and formative evaluation activities. Summative evaluation refers to those evaluation strategies which measure the program's outcomes. Formative evaluation activities are conducted throughout program development and implementation. The purpose is to give feedback necessary for making changes, if necessary, along the way. Frequently formative evaluation procedures are utilized within the first year of a project.

As indicated on the handout *Program Evaluation Strategies*, there are a variety of data collection procedures professionals might use to monitor a program. Because evaluation is both summative and formative, includes both internal and external evaluators, it is obvious that many different strategies are needed to determine quality, consumer satisfaction, and child outcomes.

A-H1

EVALUATION MODEL

Evaluation is comprehensive. Peterson (1987) outlines the following components of the early childhood special education process.

SCREENING:	Focus is on determining if additional evaluation is needed.
DIAGNOSIS:	Focus is on identifying the nature of the problem and eligibility.
EDUCATIONAL ASSESSMENT:	Focus is on pinpointing skills and learning needs.
PERFORMANCE MONITORING:	Focus is on tracking the child's progress. Monitoring is ongoing.
PROGRAM EVALUATION:	Focus is on documenting program effectiveness.

Like a chain link fence, the process is as strong as its weakest link. Therefore, attempts at developing comprehensive intervention programs require each component to be given serious billing.

Identify the procedures and tools your program uses to complete the evaluation tasks associated with each of the components. Consider the following:

- Which component is the strongest link? What factors contribute to this strength?
- Which component would benefit the most from improvement? How could this be accomplished?

PROGRAM EVALUATION STRATEGIES

interviews

checklists

standardized tests

journals

logs

direct observation

anecdotal records

permanent product samples

informal criterion-referenced tools

pre-post designs

attitudinal surveys

focus groups

behavior rating scales

telephone surveys and interviews

LEVEL: ADMINISTRATOR

GOAL: **#2** Be able to implement the assessment team process.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will identify program evaluation and monitoring procedures appropriate for early childhood special education programs.

OBJECTIVE: Participants will be able to identify guidelines for implementing effective evaluation and monitoring procedures.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review guidelines necessary for implementing comprehensive evaluation activities. Ask the participants to add to the list.	1. Handout/Transparency (A-H3, A-T2) *Guidelines for Evaluating Consumer and Staff Satisfaction* Handout/Transparency (A-H4, A-T3) *Guidelines for Evaluating Child's Progress* Handout/Transparency (A-H5, A-T4) *Guidelines for Evaluating Quality of Program*	1. Ask participants to consider how cultural differences among families should be considered in approaching this.
2. Individual or small group activity Ask participants to critique the evaluation component of their early childhood special education program using the guidelines identified above. Which components are already established and which have yet to be developed in their programs?		2. It may be helpful for participants to complete this activity in a small group setting.

A-H3

GUIDELINES FOR EVALUATING CONSUMER AND STAFF SATISFACTION

Effective programs solicit continuous feedback from parents and professionals. Because they participate in early intervention for different reasons, it is important to ask them to evaluate the program from their unique perspectives. Evaluators concerned with this aspect of program evaluation should focus on the following:

- Evidence of parents' views of the program's overall operation.
- Evidence of parents' perceptions of their own role and responsibilities of the program.
- Evidence of parents' rating of the program.
- Evidence of parents' rating of staff interaction with them.
- Evidence of parents' rating of staff interaction with their child.
- Evidence of parents' rating of overall program satisfaction.
- Evidence of parents' perceptions of parent-professional partnerships being effective and grounded in respect and equality.
- Evidence of parent participation in developing and implementing the evaluation process.
- Evidence of staff's rating of their own performance.
- Evidence of staff's rating of the program's operations.
- Evidence of staff's rating of job satisfaction.
- Evidence of staff's recommendations for improvement and/or change.
- Evidence of staff's evaluation of overall family involvement in the program.
- Evidence of interagency collaboration.

Adapted from *Early Intervention for Handicapped and At-Risk Children* by Nancy L. Peterson, 1987, Denver: Love Publishing.

A-T2

GUIDELINES FOR EVALUATING CONSUMER AND STAFF SATISFACTION

- Evidence of parents' views of the program's overall operation.
- Evidence of parents' perceptions of their own role and responsibilities in the program.
- Evidence of parents' rating of the program.
- Evidence of parents' rating of staff interaction with them.
- Evidence of parents' rating of staff interaction with their child.
- Evidence of parents' rating of overall program satisfaction.
- Evidence of parents' perceptions of parent-professional partnerships being effective and grounded in respect and equality.
- Evidence of parent participation in developing and implementing the evaluation process.

- Evidence of staff's rating of their own performance.
- Evidence of staff's rating of the program's operations.
- Evidence of staff's rating of job satisfaction.
- Evidence of staff's recommendations for improvement and/or change.
- Evidence of staff's evaluation of overall family involvement in the program.
- Evidence of interagency collaboration.

(Peterson, 1987).

GUIDELINES FOR EVALUATING CHILD'S PROGRESS

If the purpose of the evaluation is to assess a child's progress, the evaluation team should examine the following:

- Evidence that each child's rate of progress is matched to their capabilities or performance levels.
- Evidence that each child's needs are being met in program.
- Evidence that each child is responding to therapy and activities.
- Evidence that each child is progressing towards IFSP/IEP objectives.
- Evidence that each child is meeting objectives and goals within established time guidelines.
- Determination of children's overall gains within the program.
- Evidence that each child is maintaining and generalizing new skills.
- Evidence that child and family are benefiting from participating in the program.
- Evidence that outcomes for each child are those that were expected and are valued by the parents.

Adapted from *Early Intervention for Handicapped and At-Risk Children* by Nancy L. Peterson, 1987, Denver: Love Publishing.

GUIDELINES FOR EVALUATING CHILD'S PROGRESS

- Evidence that each child's rate of progress is matched to their capabilities or performance levels.
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- Evidence that each child is maintaining and generalizing new skills.
- Evidence that child and family are benefiting from participating in the program.
- Evidence that outcomes for each child are those that were expected and are valued by the parents.

(Peterson, 1987).

A-H5

GUIDELINES FOR EVALUATING QUALITY OF PROGRAM

To determine quality in a program can be an overwhelming task. However, there are guidelines professionals can use to assess a program's worthiness. Following is an overview of the types of information evaluators analyze.

- Clearly stated program philosophy.
- Clearly stated program goals.
- Clearly stated program objectives.
- Clearly defined staff roles and responsibilities.
- Clearly established and utilized communication channels among staff.
- Clearly established and utilized operational procedures.
- Continues staff development for all professional staff.
- Clearly defined curriculum which corresponds to IFSP/IEP objectives.
- Clearly stated and utilized assessment procedures which reflect developmentally appropriate practices.
- Evidence of staff involvement in program operation.
- Evidence of program compliance with local, state, and federal regulations.
- Evidence of well kept record-keeping system.

Adapted from *Early Intervention for Handicapped and At-Risk Children* by Nancy L. Peterson. 1987. Denver: Love Publishing.

GUIDELINES FOR EVALUATING QUALITY OF PROGRAM

- Clearly stated program philosophy.
- Clearly stated program goals.
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- Clearly stated and utilized assessment procedures which reflect developmentally appropriate practices.
- Evidence of staff involvement in program operation.
- Evidence of program compliance with local, state, and federal regulations.
- Evidence of well kept record-keeping system.

(Peterson, 1987).

LEVEL: ADMINISTRATOR

GOAL: **#2** Be able to implement the assessment team process.

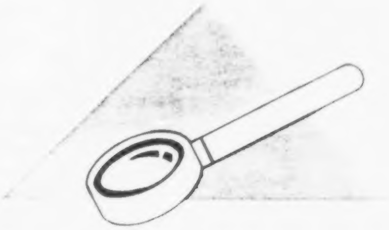
COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Participants will identify program evaluation and monitoring procedures appropriate for early childhood special education programs.

OBJECTIVE: Participants will value the need to use many resources when developing a comprehensive evaluation plan.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Lead participants in a discussion on locating local, state, and national evaluation resources.	**Supplemental Resources** Evaluation experts	1. Explore your geographic area for Early Education Programs for Children with Disabilities (formerly HCEEP) programs or their outreach programs. Invite these project directors to share information about the evaluation component of their projects. Another source of information: the Division of Early Childhood, Council for Exceptional Children.

Assessment



LEVEL: ADMINISTRATOR

GOAL: #3 Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: KNOWLEDGE

COMPETENCY COMPONENT: Participants will recognize the limitations of school-based assessment procedures in early childhood special education programs.

OBJECTIVE: Participants will be able to identify characteristics of young children in assessment settings.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Ask the participants to list characteristics of school-age children being assessed and then to list characteristics of preschoolers involved in assessment activities. Write the listing on the chalkboard. Next, discuss what implications, if any, there are for assessing preschoolers.	1. Handout/Transparency (A-H6, A-T5) *Characteristics of Preschoolers*	1. Ask participants to consider diversity issues (e.g., ability, racial, cultural, religious, gender, etc.) as they might bear on behavioral characteristics of young children when you discuss in large group.
2. Large group activity Discuss cautions and concerns in testing young children.	2. Handout/Transparency (A-H7, A-T6) *Cautions and Concerns in Testing Young Children*	
	Supplemental Resources Linder, T. W. (1990) *Transdisciplinary Play-Based Assessment*	

CHARACTERISTICS OF YOUNG CHILDREN

Young children are:

grumpy curious noisy

on the go self-oriented

moody in charge small

independent egocentric

always hungry the boss

not predictable ....

From C. Mandell and C. Quick (1989) PAINT: Parent-Professional Assessment Intervention Teaming Training manual. Toledo, OH: Early Childhood Associates, Inc.

CHARACTERISTICS OF YOUNG CHILDREN

Young children are:

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independent egocentric

always hungry the boss

not predictable ....

From C. Mandell and C. Quick (1989) PAINT: Parent-Professional Assessment Intervention Teaming Training manual, Toledo, OH: Early Childhood Associates, Inc.

CAUTIONS AND CONCERNS IN TESTING YOUNG CHILDREN

Following are some cautions and concerns outlined by NAEYC regarding the testing of young children:

Testing can narrow the curriculum.
Teachers tend to teach to the test instead of focusing on development of the whole child.

Standardized achievement tests have the potential to harm children intellectually.
Children are taught to memorize facts and figures instead of learning how to learn.

Inappropriate testing programs can harm children emotionally.
Testing can create undue stress in young children.

Testing leads to labeling and mislabeling.
Test scores are often used for holding children back or assigning them to a special education class.

Young children are not good test takers.
Test results are easily influenced by a child's test-taking skills and do not necessarily reflect the child's level of learning.

Young children grow and learn very rapidly, resulting in a wide variation in what is considered normal.
The potential for obtaining inaccurate test results is particularly great with young children.

Tests are not culture free, and test bias is well documented.
Language and culture are essential aspects of a young child's learning and development.

Source: *Testing of Young Children: Concern and Cautions.* (1988) Washington, DC: National Association for the Education of Young Children.

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A-T6

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The potential for obtaining inaccurate test results is particularly great with young children.

Tests are not culture free, and test bias is well documented.

Language and culture are essential aspects of a young child's learning and development.

(NAEYC, 1988).

LEVEL: ADMINISTRATOR

GOAL: **#3** Understand the basic procedure involved with assessing young children.

COMPETENCY TYPE: SKILL

COMPETENCY COMPONENT: Participants will state the components of a transdisciplinary play-based assessment environment.

OBJECTIVE: Participants will be able to identify resources that would assist them in developing effective early childhood special education assessment teams.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Invite a speaker from the Ohio Division of Early Childhood to give an overview of the new preschool rules. Other sources of information are the county collaborative and SERRC. 2. Large or small group activity Ask the participants to identify other community and state resources which would assist them in developing assessment teams.	1. Handout/Transparency (A-H8) *Resource List to Building Effective Assessment Teams* **Supplemental Resources** The Early Childhood Identification Process. Columbus: Ohio Department of Education	1. Due to the changing nature of early childhood special education practices, procedures, and rules in Ohio, it is important that speakers be current.

RESOURCE LIST TO BUILDING EFFECTIVE ASSESSMENT TEAMS

Resources

Early Childhood Associates. Box 8577. Toledo, OH 43623. 419/882-1779

Ohio State Department of Education, Division of Early Childhood. Columbus, OH 43266-0308

Teamwork Project. Hopewell SERRC. 5799 West New Market Road, Hillsboro, OH 45133. 513/393-1904.

References

Bagnato, S. J. & Neisworth, J. T. (1981). *Linking Developmental Assessment and Curricula.* Rockville, MD: Aspen.

Linder, T. W. (1990). *Transdisciplinary Play-Based Assessment*, Baltimore, MD: Paul Brookes Publishing Company.

Mandell, C. and Quick, C. (1989). *PAINT: Assessment Training Manual.*

LEVEL: ADMINISTRATOR

GOAL: **#3** Understand the basic procedure involved with assessing young children.

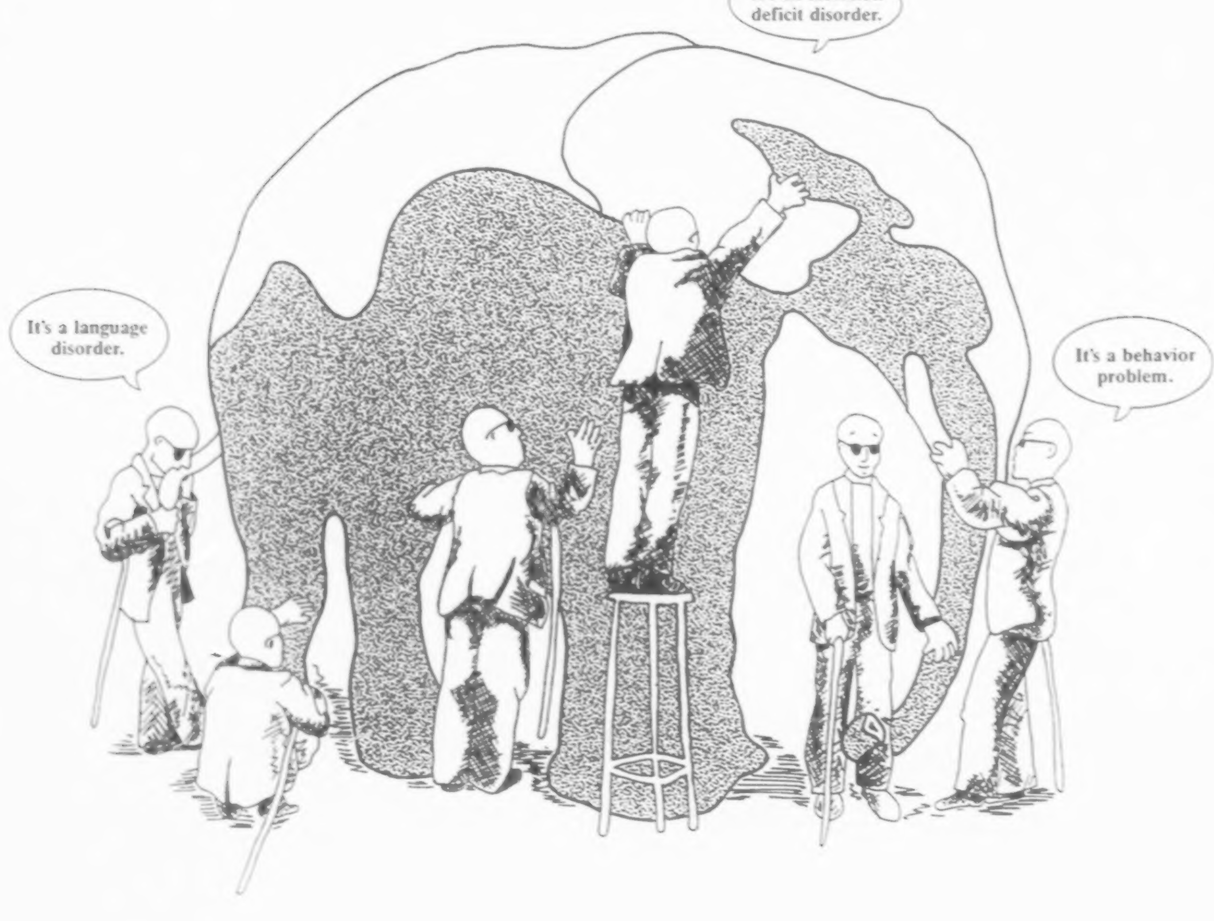
COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Participants will become aware of the validity of each discipline's contribution to transdisciplinary evaluation of a child's needs.

OBJECTIVE: Participants will recognize the value of individual disciplines used in a team process to transdisciplinary evaluation of a child's needs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Relate the problem with a multidisciplinary approach to assessment with the scenario of the "Blind Persons and the Elephant."	1. Transparency/Handout (A-T7) *Blind Persons and the Elephant*	1. One's diagnosis may be contingent on the part that one examines.

A-T7

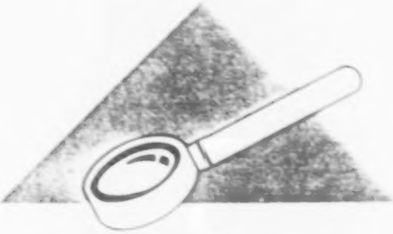

It's an attention deficit disorder.
It's a language disorder.
It's a behavior problem.

The Blind Men and the Elephant

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
Though all of them were blind,
That each by observation
Might satisfy his mind.
The First approached the Elephant,
And happening to fall
Against his broad and sturdy side,
At once began to brawl:
"Bless me! but the Elephant
Is very like a wall!"
The Second, feeling of the tusk,
Cried, "Ho! what have we here,
So very round and smooth and sharp?
"To me is mighty clear
This wonder of an Elephant
Is very like a spear!"
The Third approached the animal,
And happening to take
The squirming trunk within his hands,
Thus boldly up and spake:
"I see" quoth he "the Elephant
Is very like a snake!"
The Fourth reached out his eager hand,
And felt about the knee.
"What most this wonderous beast is like
Is mighty plain," quoth he;
"Tis clear enough the Elephant
Is very like a tree!"
The Fifth, who chanced to touch the ear,
Said, "E'en the blindest man
Can tell what this resembles most;
Deny the fact who can,
"This marvel of an Elephant
Is very like a fan!"
The Sixth no sooner had begun
About the beast to grope,
Then, seizing on the swinging tail
That fell within his scope,
"I see," quoth he, "the Elephant
Is very like a rope!
And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!

GOAL 4

Assessment



LEVEL: ADMINISTRATOR

GOAL: **#4** Recognize the variety of assessment instruments available to assess young children.

COMPETENCY TYPE: KNOWLEDGE/SKILL

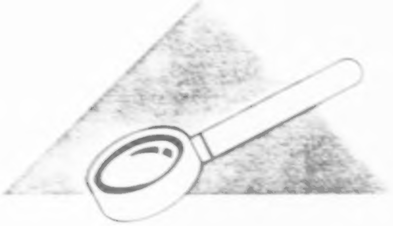
COMPETENCY COMPONENT: Participants will identify community resources that may assist in either selecting appropriate assessment tools or lending assessment tools.

OBJECTIVE: Participants will be able to identify print and personnel resources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Provide information about different resources which would help administrators select appropriate assessment tools. Include local community personnel, as well as published guidelines and directories which review technical adequacy of tools.		1. Invite local and state personnel involved in evaluation activities to discuss the value of evaluation and to identify evaluation strategies appropriate for ECSE programs.
2. Large or small group activity Brainstorm ideas for generating a list of local resources skilled in technical adequacy.		2. Ask participants to recognize legal requirements for nonbiased assessment and discuss implications.
	Supplemental Resources Buros, O. K. (1985) *The Ninth Mental Measurements Yearbook* Cuyahoga Special Education Service Center (Rev. 1991). *Early Childhood Screening and Assessment*	

GOAL 5

Assessment



LEVEL: ADMINISTRATOR

GOAL: **#5** Understand the use of systematic observation in assessing young children.

COMPETENCY TYPE: KNOWLEDGE/SKILL/VALUE/ATTITUDE

COMPETENCY COMPONENT: Participants will recognize that observing in multiple settings is necessary for effective program planning.

OBJECTIVE: Participants will be able to state the advantages of multiple observations in a variety of settings.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large or small group activity Brainstorm for insights about children that can be provided primarily by observation rather than testing. List and discuss the findings.		1. Ask participants to consider implications of differences among families (e.g., tradition, custom, belief, values, abilities, cultural, racial, religious, gender, etc.).
2. Large or small group activity Ask the participants to identify behaviors which might be observed primarily in the following settings: • Home • Center-based program • Small group vs. large group • Child-initiated vs. teacher-directed activities • Social interaction vs. solitary play Discuss the implications for staff in conducting systematic observations. What staffing and scheduling changes would be necessary?	2. Handout (A-H9) *Observing in Multiple Settings* **Supplemental Resources** Beatty, J. J. (1990) *Observing Development of the Young Child* Bailey, D. D. and Wolery, M. (1989) *Assessing Infants and Preschoolers with Handicaps*	

A-H9

OBSERVING IN MULTIPLE SETTINGS

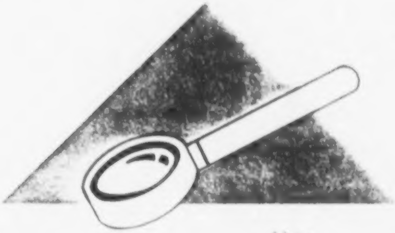
1. Most assessment information is gathered in the home or the center (school). There are advantages and disadvantages to both settings. Identify the benefits of collecting information from both parents and young children in each of the settings.

   Discuss whether the benefits outweigh the barriers associated with each setting.

2. List those behaviors which would most likely be observed in each of the following:

   - small group child-initiated activity
   - small group teacher-directed activity
   - solitary play
   - meal or snack time at home
   - mother/father and child waiting in visitors' lounge
   - home visit

Assessment



GOAL 6

LEVEL: ADMINISTRATOR

GOAL: **#6** Understand variables related to summarizing and sharing assessment results.

COMPETENCY TYPE: VALUE/ATTITUDE

COMPETENCY COMPONENT: Value post-assessment conference for both parents and professionals.

OBJECTIVE: Participants will recognize the value of the post-assessment conference to both parents and professionals.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity a. have the participants break into groups b. give each group one of the *Parental Vignettes* c. have them discuss and record on the bottom of their *Parental Vignette* sheet what they can learn from their vignette about the values of the post-assessment conference. 2. Large group activity Reassemble and discuss the groups' findings. 3. Summarize by using the *Values of the Post-Assessment Conference* Transparency.	1. Handout/Transparency (A-H10, A-T8) *Parental Vignettes* Handout/Transparency (A-T9) *Values of the Post-Assessment Conference* **Supplemental Resources** Mandell, C. and Quick, D. (1989) *PAINT: Parent-Professional Assessment Intervention Training Manual* Fallen, N. and Umansky, W. (1985) *Young Children With Special Needs*	

A-H10

PARENTAL VIGNETTES

1. It was an experience I will avoid when possible. I couldn't believe that there were so many people at the meeting and everyone else seemed to know each other. I only knew Jose's teacher and she sat at the other end of the table. I'm not sure why I was there since they decided about Jose's placement without me. There were some questions that I had, but no one gave me a chance to ask them. I know I'll never remember the information to tell Jose's father. He is already upset that Jose is having problems and that it's my fault.

2. Well, that wasn't as bad as I had expected! Everyone on the team seemed to genuinely want me to be included in the discussion and I did ask several questions. The others seemed to have taken the information that I filled out on the parent survey seriously and had used the information to determine what they would do. All the discussion about my rights and due ... was it due process ... that was kind of scary. They would only do what was best for Amanda, wouldn't they? I felt that the teacher was serious when she said "Feel free to call me or visit the classroom at any time." Now I'm more confident that Amanda will make real progress to help meet her needs once preschool begins in the fall. I'm looking forward to working with these people.

3. I told Stuart that he should come to this meeting. I hope he understands that the written report will come in a week to ten days — I'll never remember everything all those people had to say. I did feel better talking to them — they had concerns about some of the same things that I have talked to my pediatrician about for months. The dark-haired lady, I think she was the physical therapist, had a lot of good information. I hadn't realized how critical gross motor development was in order to use small muscles. Maybe I can explain to Stuart's mother that Junior needs to develop better gross motor skills before he begins to work on writing his name.

4. Boy, am I impressed! I didn't realize so many specialists would be testing Jenna. The information that they shared was not always new information, but it helped me better understand Jenna's overall development. I'm glad they explained some of the terminology — I've never heard of vestibular stimulation or sensory integration which seemed to be causing some problems. They even gave me some materials to read which explain some of these things. And they seem to already know what a neat little girl Jenna is, despite her problems.

5. I can't believe those people — do they think they're God? How can you test a three year old like Brandon in such a short amount of time and then project what he's going to be like? I know that he is delayed in some areas, I've known that for a while — but no one has ever said that he had a low IQ. Poor Brandon, he has always wanted to be an astronaut, and they're saying that he can only be the janitor to clean up the place. His dad will just die! I'm not going to let this happen — I'll pull him out of school right now and get another opinion. They aren't the only people who can work with him. That report had better not have gone to anyone else ... I don't want him labeled for life.

A-T8

PARENTAL VIGNETTE 1

It was an experience I will avoid when possible. I couldn't believe there were so many people at the meeting and everyone else seemed to know each other. I only knew Jose's teacher and she sat at the other end of the table. I'm not sure why I was there since they decided about Jose's placement without me. There were some questions that I had, but no one gave me a chance to ask them. I know I'll never remember the information to tell Jose's father. He is already upset that Jose is having problems and that it's my fault.

What can the team learn from this?

1.

2.

3.

4.

5.

6.

PARENTAL VIGNETTE 2

Well, that wasn't as bad as I had expected! Everyone on the team seemed to genuinely want me to be included in the discussion and I did ask several questions. The others seemed to have taken the information that I filled out on the parent survey seriously and had used the information to determine what they would do. All the discussion about my rights and due ... was it due process ... that was kind of scary. They would only do what was best for Amanda, wouldn't they? I felt that the teacher was serious when she said "Feel free to call me or visit the classroom at any time." Now I'm more confident that Amanda will make real progress to help meet her needs once preschool begins in the fall. I'm looking forward to working with these people.

What can the team learn from this?

1.

2.

3.

4.

5.

6.

PARENTAL VIGNETTE 3

I told Stuart that he should come to this meeting. I hope he understands that the written report will come in a week to ten days — I'll never remember everything all those people had to say. I did feel better talking to them — they had concerns about some of the same things that I have talked to my pediatrician about for months. The dark-haired lady, I think she was the physical therapist, had a lot of good information. I hadn't realized how critical gross motor development was in order to use small muscles. Maybe I can explain to Stuart's mother that Junior needs to develop better gross motor skills before he begins to work on writing his name.

What can the team learn from this?

1.

2.

3.

4.

5.

6.

PARENTAL VIGNETTE 4

Boy, am I impressed! I didn't realize so many specialists would be testing Jenna. The information that they shared was not always new information, but it helped me better understand Jenna's overall development. I'm glad they explained some of the terminology — I've never heard of vestibular stimulation or sensory integration which seemed to be causing some problems. They even gave me some materials to read which explain some of these things. And they seem to already know what a neat little girl Jenna is, despite her problems.

What can the team learn from this?

1.

2.

3.

4.

5.

6.

PARENTAL VIGNETTE 5

I can't believe those people — do they think they're God? How can you test a three year old like Brandon in such a short amount of time and then project what he's going to be like? I know that he is delayed in some areas, I've known that for a while — but no one has ever said that he had a low IQ. Poor Brandon, he has always wanted to be an astronaut, and they're saying that he can only be the janitor to clean up the place. His dad will just die! I'm not going to let this happen — I'll pull him out of school right now and get another opinion. They aren't the only people who can work with him. That report had better not have gone to anyone else ... I don't want him labeled for life.

What can the team learn from this?

1.

2.

3.

4.

5.

6.

A-T9

VALUES OF THE POST-ASSESSMENT CONFERENCE

1. Links assessment to programming
2. Parents and professionals work together as equal partners
3. Provides family support
4. Helps to solve problems together
5. Setting where any questions are acceptable
6. Family more likely to support a program that they are involved in
7. Caring and accepting of the family
8. Helps parents and professionals focus on child's actual needs
9. Promotes healthy attitude of mutual respect between parents and professionals
10. Establishes a basis for future communication

Supplemental Materials

OHIO DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION
Rules Implementation Monograph Series
MONOGRAPH NO. 9

(Draft 3/91)

(By: David Barnett, Ph. D.)

Structured Interviews and Observations in Early Childhood Education

Interviews and observations are necessary for comprehensive intervention-based services. The foundation for interviews and observations is a collaborative partnership between parents and professionals based on interactive program solving used throughout the assessment-intervention process. All legal and ethical safeguards apply to interviews and observations.

Structured Interviews

Interviews serve two important functions: (1) scanning problem behaviors and circumstances, and (2) analyzing problem situations in depth. First, interviews help identify key persons, settings, time periods, and circumstances related to child behavior and caregiver concerns. Second, interviews are used to clarify a wide range of issues pertaining to needed services. Third, interviews help examine alternatives for resolving problems, and strengths such as healthy adaptive coping strategies.

Effective communication is basic to interviews. Some of the important factors include genuineness, listening and encouraging caregivers, empathy, questioning skills, clarification, and summarization (Curtis & Meyers, 1988).

Ecological interviews involve "mapping" the world the family lives in, including the networks of work, family, community, and preschool (e.g., Holman, 1983). Following the identification of key persons and settings, a "*Waking Day*" interview is used to describe the child's typical day by focusing on events and behavior (e.g., Wahler & Cormier, 1970). A waking day interview protocol is provided in Appendix A. The *problem solving interview* helps clarify caregiver concerns and possible contributions of individuals to intervention plans. A framework for the interview is presented in Appendix B (Carey, 1989); Kanfer & Grimm, 1977; Peterson, 1968; Vedder-Dubocq, 1990).

Structured Observation

Observations are necessary for the analysis of specific skills and behaviors, interactions, sequences of interactions, and the effectiveness of interventions. Decisions are necessary concerning what, when, who, and how to observe. The answers to these interrelated questions are linked to interviews and the results of parent and teacher consultations.

What to Observe?

First, preliminary observations are used to help determine important situations and behaviors. Second, observations are conducted based on an integration of the interview results and preliminary observations, and through an analysis of other relevant information concerning the problems the child is experiencing.

Frequency (of event) recording involves tallying the number of times a behavior occurs in an observation session. Behaviors that may be successfully recorded using frequency are discrete behaviors of brief consistent durations. Examples include activity changes, aggressive acts, and specific interactions. *Rate* is useful when observation sessions are of unequal length and is easily computed by dividing the frequency of behavior by the amount of time observed.

Duration recording may be used when the focus is on the length of time a child engages in a behavior. Also, the *latency* of a response, defined as the amount of time before beginning a task, may be of interest. An example is the time that it takes a child to comply with instructions.

Other important strategies for observing behavior include *skill sequences* (e.g., puzzle completion, coloring) whereby a complex task is broken into observable and teachable steps (Cooper, Heron, & Heward, 1987), "*Permanent" products* that result from tangible effects of behaviors (e.g., puzzle completion, coloring) also are used as measures of behavior. The use of *trials to criterion* involves maintaining a record of how many times an "opportunity" is presented before a child performs at a specific criterion. *Levels of assistance* may be helpful for analyzing objectives related to independent functioning (Wolery, Bailey, & Sugai, 1988).

When to Observe?

Through interviews, specific time periods are selected for observations. As examples, large group instruction, transitions between activities, free play, or lunch may be the focal points. In selecting times to observe for the purpose of establishing baseline or determining intervention effects, the sessions must be equivalent in opportunities for the behavior to occur. Probes, defined as brief structured presentations of a task, are useful when continuous observation is not feasible, and when assumptions can be made that a behavior is stable (Wolery, Bailey, & Sugai, 1988).

Who is to Observe?

Three strategies stem from this question: Direct observation, participant observation, and self-monitoring. *Direct observation* applies to a trained observer who doers not have any specific responsibilities with the child to be observed.

Participant observation includes structured observational strategies used by parents or teachers. These are an important point of consultation because if the procedures are too burdensome, they will be error prone or will not be carried out. Professionals may help structure and facilitate these observations to reduce the complexities and to increase the usefulness of the data. Techniques used by participant observers will vary widely by child behaviors, other responsibilities, and available assistance.

Self-monitoring incorporates both self-observation and recording of behaviors by the child or caregiver. Self-observation is useful for behaviors that are inaccessible to direct observation or for observations that otherwise would be costly or inefficient. While children may not be generally accurate at self-monitoring, many conditions and innovations may be used to facilitate and improve the accuracy of recording. Complete accuracy is not necessary in order to derive some benefits, and self-monitoring skills may be taught.

First, the child (or caregiver) must be able to discriminate the occurrence of the state or behavior. Second, the results of self-monitoring need to be recorded. Third, self-evaluation occurs based on the data produced.

Self-monitoring may be an important strategy for various caregivers' behaviors such as approval or types of commands. Self-monitoring is fundamental to self-regulation, and thus is viewed as a keystone for behavioral change. Especially for children, motivation and/or the presence of external contingencies or feedback may be critical. Self-monitoring procedures may involve the recording of frequency, duration, or intensity of behaviors, and they are amenable to sampling procedures discussed later. Self-monitoring may result in behavioral changes as well (termed *reactivity*).

Where to Observe?

While most observations will be conducted in preschools, there is a need to observe in home and community settings for many children. Likely applications include severe behavioral problems, abuse and/or neglect, and facilitation of the natural teaching role of parents. Home observations can be a positive factor for parents by demonstrating professional commitment and improving communication, and they are essential for understanding ecological and cultural influences for a child. Appropriate training in conducting home observations is necessary.

The techniques described in this section may be adapted to home observations (e.g., real time observation, ABC). Practical considerations in home observations follow.

1. Use parent consultations, the waking day interview, and problem solving interviews to structure observations around specific concerns, events, and times. Follow appropriate professional, legal, and ethical guidelines.

2. Provide a detailed rationale for home observations. Drotar and Crawford (1987) offer the following:

   > … Because children are generally more comfortable interacting with their family in their home setting, this is often a good way to evaluate your child's problem in order to determine the best way of helping you and your child … [T]he entire family is important to your child's development and … it is often helpful for us to work together to find ways to help … (p. 343)

3. The observations should be structured in a way to facilitate interactions between family members without interruptions. Ground rules need to be carefully covered. Key family members should be present, guests should be discouraged, activities should be restricted to one or two rooms, distractions such as TV need to be discouraged, telephone calls should be limited to brief answers to incoming calls, and talking with the observers is not allowed during the session.

While the benefits are many, potential difficulties encountered in home observations also are numerous. Home observations will not be readily accepted and may be difficult in some communities. The observations may be distorted. Poverty and family stress will be likely to induce professional stress. Safety concerns may exist for the professional in some settings. Observation "teams" may be used for reasons of safety and for reaching agreement in fast-paced and stressful situations.

Clinical analogue measures offer features of direct observation in settings that stimulate natural conditions. The analogue conditions can include structural play, role play, or "free" play behavior. While valuable, analogue measurements are not likely to directly predict naturally occurring behaviors. Examples include procedures for noncompliance (Barkley, 1987).

How to Observe

Real time observations are useful for preliminary observations. They provide a record of the stream of behavior including: (a) play activities; (b) peer relationships; (c) relationships with adults; (d) responses to learning tasks, demands, and rules; (e) antecedent and consequent events for specific behaviors (e.g., disruptive, self-stimulatory); and (f) language samples. Each line (or sentence) should contain one molar unit of behavior. Time notations are made at pre-specified intervals such as one minute or two minutes. A variation is presented in Appendix C whereby exact times for the initiation and termination of behaviors are recorded.

Another similar method is *ABC analysis* (Antecedent-Behavior-Consequence). Antecedents are defined by their functional properties as events that may maintain, decrease or increase behaviors of interest. Examples include a teacher asking the class (or child) to clean up materials or to stand quietly in line. Consequences (e.g., praise, repeating the command) may be either reinforcing, punishing, or neutral. An example is depicted in Appendix D. ABC recording is important when caregivers control specific opportunities for responses.

Time sampling techniques. Continuous observations are frequently impractical. Time sampling is an alternative to continuous observation of behavior. Time sampling also enables systematic observations of several children and/or multiple behaviors. Decisions are necessary concerning how to determine the length of the interval, and how to record behaviors within the interval.

Momentary time sampling is most useful with continuous or high rate behaviors, when duration is of primary interest, or when behaviors have unclear beginnings or ends. These are also described as behavior *states*. In using momentary time sampling, an observation session is divided into smaller intervals (i.e., 15 or 30 seconds) and the occurrence(or nonoccurence) of the behavior is recorded at the specific moment of an observation.

Interval recording has been used to record both events and duration (or states) of behaviors. As with momentary time sampling, the observation session is divided into smaller time intervals (e.g, 10 seconds). However, the observer records the occurrence or nonoccurrence of behavior within each interval instead of one moment in time. Also, it is helpful to alternate observing with brief recording intervals.

Two different strategies have been used primarily. With *partial interval sampling*, an occurrence typically is defined by the presence of the target behavior during any part of the interval. Each occurrence is only scored once even though behaviors may be repeated during the interval. *Whole interval sampling* requires that the behavior occurs for the duration of the interval.

Observing more than one child within a group setting is important for circumstances whereby more than one child is referred for similar behavior problems and for comparisons of the referred child with nonreferred children. The identification of comparison children involves selecting adequately performing children (not star performers) of the same age and sex who are engaged in the same task. The most desirable way to make comparisons usually involves interval or momentary time recording and *sequential sampling*whereby the observer records the behavior of the first child in the first interval, records the behavior of the second child in the second interval, etc. After all children have been observed, the rotation process is then repeated (i.e., the first child is again observed)(Thomson, Holmberg, & Baer, 1974). In this procedure, the accepted norms (referred to as *micronorms*) for a particular teacher, class, and activity are of interest (Alessi 1988). However, these norms may not be predictive of norms in other classrooms or settings, and may not be suitable for establishing goals.

Multidimensional observation codes. It is unusual to be interested in only one behavior. One reason includes the likelihood of a behavior occurring along with other behaviors. Second, children commonly are referred for more than one behavior. Third, intervention design necessitates the evaluation of unintended in addition to intended outcomes.

The Preschool Observation Form (Bramlett, 1991) was developed for use in classrooms across intervention phases based on an analysis the behaviors of referred children and a review of published interventions. The codes are listed in Appendix E.

Technical Adequacy of Interviews and Observations

A wide range of factors may influence the outcomes. In contrast to other forms of assessments, interviews and observations must be judged as reliable and valid for individual children. Professional standards and safeguards apply (AERA, APA, & NCME, 1985).

The quality of data obtained from observations may reflect upon the characteristics of the behavior to be observed, the clarity of behavior definitions, different occasions or settings for observations, and the skills or training of the observers. The basic strategy used to determine quality involves comparisons between observers coding the same sample of behavior. Preestablished codes help improve the quality of observations (Bramlett, 1990).

The Interpretation of Observations

The final step in conducting observations is to analyze and interpret the data. The most helpful way is to graph the results and to interpret patterns of behavior over time. Level, trend, and variability or changes in behavior are relevant dimensions of analysis.

References

Alessi, G. J. (1988). Direct observation methods for emotional/behavioral problems. In E. S. Shapiro & T. R. Kratochwil (Eds.), *Behavioral assessment in schools: Conceptual foundations and practical applications*(pp. 14-75). New York: Guilford.

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (AERA, APA, & NCME)(1985). *Standards for educational and psychological testing*. Washington, DC: American Psychological Association.

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APPENDIX A

Waking Day (and sleep) Interview

Home Setting **Problems**

Describe your child's behavior in the following settings or situations?

Sleep patterns?

Wakening up time?

Breakfast?

Dressing?

To school?

After school?

Dinner time?

After dinner?

Bath time?

Bed time?

In the car?

Play?

with siblings?

peers?

alone?

Discipline techniques?

Chores?

Shopping? Other community settings?

With visitors?

Waking Day Interview

School Setting	**Problems**
On the bus?	
Entry in classroom?	
Organizational activities?	
Transition times?	
Lunchroom?	
Bathroom?	
Large group activities?	
Freeplay time?	
Individual activities?	
Small group activities?	
Out of classroom activities? (i.e., gym, walks, special events, or trips)	
Relationships with parents? (e.g., home-school communication)	

APPENDIX B

1. **Explanation of problem solving interview and its purpose.** It is best to set the tone and establish guidelines for the interview by giving an overview of what is to be accomplished (e.g., Doster, 1972; Scheiderer, 1977).

   Examples: "The purpose of this interview will be to talk about problems related to parenting so we can develop goals to make parenting easier or more enjoyable. In order to accomplish this, we need to discuss the areas of difficulty which bother you most, when they occur, how often they occur, and what you think might influence these behaviors."

2. **Definition of problem behavior**. Question and probe as needed to determine the caregiver's view of the problem: what the child is doing, or failing to do, and whether others see this as a problem. If the caregiver responds in generalities such as "my child is 'hyper'," ask the caregiver to describe the behavior more explicitly.

   Examples: "Please describe your greatest area(s) of difficulty related to your role as a parent." "What exactly does *(child's name) do when (he or she) is acting this way?"*

3. **Prioritize multiple problems.** If the caregiver identifies multiple concerns, guide him/her in prioritizing these behaviors. It may be helpful to have the caregiver's perceptions about the most reasonable behavior with which to begin the intervention process given multiple concerns.

   Examples: "Which bothers you the most?" "Which of these concerns are most pressing to you?"

   Examples: "Tell me which of these problems you think you can learn to manage most easily or successfully?"

4. **Severity of the problem**. Try to link estimates of severity with specific examples and trends of actual occurrences. Probe cognition, affect, and behavior in order to help determine the perceived severity of the problem.

   Examples: "How often do you, or does your child ...?" "About how many times a day, week, etc., does this problem occur?" "Would you say this problem behavior is starting to happen more often, less often, or is it staying about the same?"

5. **Generality of the problem.** Question and probe to determine the length of time the behavior has been a problem, and the situations in which it is observed.

   Examples: "How long has this been going on?" "Where does the problem behavior usually come up?" "Do you observe the behavior at home?" "How about when visiting friends, ... family, or shopping?"

6. **Determinants of the problem behavior.** This aspect of the interview is based on a functional analysis of behavior. In addition, beliefs about causality may be important in considering motivational issues and intervention alternatives.

   (a). **Conditions which intensify the problem.** *Examples:* "I want you to think about the times when ... (the problem) is the worst. What sort of things are going on then?"

   (b). **Conditions which alleviate the problem.** *Examples:* "What about the times when ... (the problem) gets better. What kinds of things are happening then?"

   (c). **Caregiver's perception of the origin of the problem.** The causes should be accepted as stated, but when necessary, it is helpful to reframe the interpretation in order to discuss intervention implications (e.g., "hyperactivity" is reframed as "difficulty with self-regulation"). Some perceived causes may require considerable attention in that they may serve to reduce motivation or investment in the intervention process (e.g., "bad genes" are responsible for aggressive behaviors). Example: "What do you think is causing ... (the problem)?"

   (d). **Antecedents, personal, and social influences.** *Examples:* Think back to the last time ... (the problem occurred). What was going on at the time? Where were you? Were there any other people around? Who? What were they doing? What were you thinking about at the time? How did you feel?

   (e). **Consequences.** *Examples:* "What usually happens after ... (the problem) occurs? Does this happen consistently? *For social consequences:* "What did ... (significant others) do?" *For personal consequences:* "How did that make you feel?" "What were you thinking about then?"

7. **Modification attempts**. This topic may reveal information related to naturalistic interventions.

   Examples: "What things have you tried to stop this problem behavior?" "How long have you tried that?" "How well did it work?" "Have you tried anything else?"

8. **Identify expectancies for improved behavior**. It is important to determine desired levels of performances and/or changes in roles and behaviors. These help determine goals for intervention.

   Examples: "In this kind of situation, what would you like ... (your child, yourself, husband ...) to do instead of the problem behavior?" "If ... were to improve, what would you notice first? What is the desired behavior you would like to see (your child, yourself) accomplish?"

9. **Summarize caregiver's concerns.** Give a rationale for the summary and briefly summarize parental concerns, confirm summary and briefly summarize parental concerns, confirm caregiver's definition of the problem behavior, priorities, and goals for treatment. Summarization is used to integrate information and to facilitate continued exploration of a problem area. (Curtis & Meyers, 1988).

10. **Explore the caregiver's commitment and motivation to work on the problem.**

    Examples: "How would solving this problem make your day easier?" "Were this problem to go away, how would this change your day?" "If this problem were to get worse, how would this affect your parenting?" "What do you think the chances are of resolving this problem?"

11. **Have caregiver summarize problems and treatment goals.**

    Examples: In order to make sure I understand your concerns and goals, I would like you to summarize these for me.

12. **Discuss and mutually arrive at plans for the next steps**. The subsequent steps may include further consultation to review uncertainties about information revealed in the interview, plans for observation (see section that follows), referral to another agency, or a wide range of other outcomes.

APPENDIX C
Real Time Recording

APPENDIX D
ABC Recording

APPENDIX E
Categories of the Preschool Observation Form

State Behavior

- Play engagement
- Preacademic engagement
- Nonpurposeful play
- Unoccupied or transitional behaviors
- Disruptive behaviors
- Self stimulating behaviors
- Other behavior
- Social interaction-peer
- Teacher monitoring/interacting

Event Behaviors

- Activity changes
- Negative verbal interactions
- Positive motor behaviors
- Negative motor interactions
- Disruptive behaviors

- Child approach teacher
- Teacher commands-Alpha
- Teacher commands-Beta
- Child compliance
- Teacher approval
- Teacher disapproval

From Bramlett (1990).

To: **Records Control Officer**
LDC
Teachers
Provider District

SPECS P-134-1

MULTIFACTORED EVALUATION TEAM REPORT

Name of Child ____________________

D.O.B. ____________ Social Security Number ____________

Parent(s)/Legal Guardian/Surrogate Name ____________________

Address ____________________

City ____________ State ________ Zip Code ________

Telephone Number ____________________

Name(s) Position(s) of Person(s) Making Referral ____________________

____

____

____

Reason for Referral

____

____

____

____

Date of Referral ____________________

Suspected Area of Disability (Check ✓ all that apply)

☐ Cognitive and Adaptive Behavior
☐ Cognitive and One or More Areas Listed Below
☐ Adaptive Behavior and One or More Areas Listed Below
☐ Communication Skills
☐ Hearing Abilities
☐ Motor Functioning
☐ Social-Emotional/Behavioral Functioning
☐ Vision Abilities

* FROM: SEO-SERRC *Model Policies, Procedures and Forms to Implement the Preschool Rules.* 9/91

SPECS P-134-2

Name of Child ______________________________ D.O.B. ____________________

I. **Background**

Person(s) Completing Section ______________________________

Agency(ies) and Title(s) ______________________________

Information Provided by ______________________________

____

____

A. Developmental ______________________________

____

____

____

____

____

B. Family ______________________________

____

____

____

____

____

C. Medical ______________________________

____

____

____

____

____

D. Educational History (When Appropriate) ______________________________

____

____

____

* FROM: SEO-SERRC *Model Policies, Procedures and Forms to Implement the Preschool Rules*. 9/91

SPECS P-134-3

Name of Child ______________________________ D.O.B. ____________________

II. **Observation Data** (Required for all preschool children)

Name(s) of Person(s) Conducting Observation ______________________________

Agency(ies) and Title(s) ______________________________

Observation Date ______________________________

Setting ______________________________

A. Describe and summarize behaviors observed in area(s) of suspected disability.

B. Describe and summarize behavior observed in other domains
(list domains observed):

C. Interpretation (results compared to typical development).

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Name of Child ______________________________ D.O.B. ________________

III. Structured Interview (Required for all preschool children)

Name(s) of Person(s) Conducting Interview ______________________________

Agency(ies) and Title(s) ______________________________

Name of Informant(s) ______________________________

Date of Interview ______________________________

Instrument ______________________________

A. Describe and summarize the concepts/behaviors/skills the child is reported to have acquired:
   1. In the area of suspected disability

   2. In other domains

B. Describe and summarize the concepts/behaviors/skills the child is reported not to have acquired:
   1. In the area of suspected disability

   2. In other domains

C. Interpretation (results compared to typical development).

---

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SPECS P-134-5

Name of Child ______________________ D.O.B. ______________

IV. Standardized Norm-Referenced Data (Required in area(s) of suspected disability except in cases of vision and hearing)

Name(s) of Person(s) Conducting the Assessment ______________________

Agency(ies) and Title(s) ______________________

Name of Instrument(s) ______________________

Date of Assessment(s) ______________________

Setting(s) ______________________

Suspected Disability Area(s) ______________________

A. Results

Test/Subtests (list)	Standard Score	S.D. Score

B. Describe and summarize the concepts/behaviors/skills demonstrated by the child on this assessment.

---

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SPECS P-134-5a

Name of Child ______________________________ D.O.B. ____________________

C. Describe and summarize the concepts/behaviors/skills not demonstrated by the child on this measure.

D. Interpretation (compare results to typical development).

E. Examiner's opinion regarding the reliability of estimate of child's functioning including overall rapport, adequacy/applicability of the instrument, other relevant factors.

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SPECS P-134-6

Name of Child ______________________________ D.O.B. ____________________

V. Vision Criteria (Standardized norm-referenced data for children with suspected disabilities in vision)

Name(s) of Person(s) Conducting the Assessment ______________________________

Agency(ies) and Title(s) ______________________________

Name of Instrument(s) ______________________________

Date of Assessment(s) ______________________________

Setting ______________________________

	Left	Right
A. Visual acuity: uncorrected	________ / ________	________ / ________
corrected	________ / ________	________ / ________

B. If acuity is better than 20/70 in the better eye with correction, describe any physical eye condition that affects visual functioning such that special education placement, materials, and/or services may be required.

C. Describe the impact of the visual impairment on normal development and functioning.

D. Examiner's opinion regarding reliablity of estimate of child's functioning including overall rapport, adequacy/applicability of the instrument, other relevant factors.

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SPECS P-134-7

Name of Child ______________________________ D.O.B. ________________

VI. **Hearing Criteria** (Standardized norm-referenced data for children with suspected disabilities in hearing)

Name(s) of Person(s) Conducting the Assessment ______________________________

Agency(ies) and Title(s) ______________________________

Name of Instrument(s) ______________________________

Date of Assessment(s) ______________________________

Setting ______________________________

A. Average Pure Tone (APT) Hearing Loss in Better Ear:

	Left	Right
500 Hertz	____________ dB	____________ dB
1000 Hertz	____________ dB	____________ dB
2000 Hertz	____________ dB	____________ dB

B. If the APT hearing loss is at least 25dB's, but not greater than 50, in the better ear, provide documentation of one of the following:

1) A more severe hearing loss during the developmental years than is currently measured,
2) A delay in diagnosis, provision of amplification, and/or initiation of special programming; or
3) A history of chronic medical problems that have resulted in fluctuating hearing, presently or in the past, or
4) A hearing loss in excess of twenty-five decibels (ANSI) for the frequencies one thousand Hertz through eight thousand Hertz in the better ear, resulting in such poor auditory discrimination that it has an adverse effect upon the child's educational performance.

C. Describe the impact of the hearing loss on normal development and functioning.

D. Examiner's opinion regarding reliability of estimate of child's functioning including overall rapport, adequacy/applicability of the instrument, other relevant factors.

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SPECS P-134-8

Name of Child ______________________ D.O.B. ______________

VII. Criterion-Referenced/Curriculum-Based Assessment
(Required for all preschool children in area(s) of suspected disabilities)

Name(s) of Person(s) Conducting the Assessment ______________________

Agency(ies) and Title(s) ______________________

Name of Instrument(s) ______________________

Area(s) Assessed ______________________

Date of Assessment(s) ______________________

Setting ______________________

A. Describe and summarize the concepts/behaviors/skills successfully demonstrated.

B. Interpretation (compare results to typical development) and summarize.

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SPECS P-134-9

Name of Child ______________________________ D.O.B. ________________

VIII. General Assessment Results (Required for all preschool children)

Medical Date: ______________________________

(if related to area of suspected disability)

Person/Title Conducting Screening: ______________________________

Results: ______________________________

____

____

Vision Screening Date: ______________________________

Person/Title Conducting Screening: ______________________________

Results: ______________________________

____

____

Hearing Screening Date: ______________________________

Person/Title Conducting Screening: ______________________________

Results: ______________________________

____

____

Current Levels of Functioning:

A. If domain(s) have been previously described/summarized, indicate page number.

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SPECS P-134-9a

Name of Child ________________________________ D.O.B. ____________________

B. If domain(s) have not been previously described/summarized, indicate evaluation procedure or instrument(s) used and describe/summarize result(s), including name, evaluator, and date of evaluation.

Adaptive Behavior

Cognitive Ability

Communication Skills

Preacademic Skills

Sensorimotor/Motor Functioning

Social-Emotional/Behavioral Functioning

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To: Parent **SPECS P-134-10**

IX. Summary and Interpretation of Multifactored Evaluation

Name of Child ______________________ D.O.B. ______________

Date of Multifactored Evaluation ______________________________

1. Summary of the child's strength(s) based on the multifactored evaluation.

2. Summarize the results obtained across the four methodologies in the area(s) of suspected disability.

3. Compare the child's performance in the area(s) of suspected disability to the performance expected of a typically developing child of the same age.

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To: Parent **SPECS P-134-10a**

Name of Child ______________________________ D.O.B. ____________________

4. Summarize the effect(s) that the area(s) of suspected disability has on normal development and functioning.

5. Suggested Intervention Strategies.

____
Signature of Multifactored Evaluation Team Chairperson

____
Name and Title of Multifactored Evaluation Team Chairperson

____
Date

____
Address

____
Telephone Number

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To: Parent **SPECS P-134-11**

Name of Child ______________________________ D.O.B. ____________________

VIII. Determination of Eligibility

1. Do the data obtained from the standardized norm-referenced instrument, the structured interview and observations, and the criterion-referenced or curriculum-based assessment confirm the existence of a documented deficit (Rule 3301-02)?

   If so, list the area(s) of documented deficit:

   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No

2. Does the deficit(s) have an adverse effect on normal development and functioning?

   List each deficit and indicate.

   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No

3. Is the deficit(s) solely a result of an environmental, cultural, or economic factor?

   List each deficit and indicate.

   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No
   ______________________________ ☐ Yes ☐ No

4. Does the data from the four methodologies suggest that this is a preschool child with a disability? ☐ Yes ☐ No

5. Team members signatures/titles who agree with the results of the multifactored evaluation.

Name	Title

6. Team members signatures with dissenting opinion (attach opinion).

Name	Title

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MAPPING OUT THE ASSESSMENT PROCESS: A GUIDE FOR PARENTS

January, 1992

Cuyahoga Special Education Service Center
14605 Granger Road
Maple Heights, Ohio 44137

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Cathy F. Telzrow, Ph.D.
Editor

I. INTRODUCTION

Dear Parents:

When your child is referred for a multifactored evaluation, you are embarked on a journey that will be made easier by knowing what the road signs mean.

This booklet on the evaluation process is designed to help:

- prepare you and your child for testing;
- answer questions you may have before, during, and after a conference;
- de-mystify the language educational professionals use to describe children's abilities and learning;
- parents feel comfortable as part of the team;
- explain the procedures and kinds of tests used to get a clear picture of your child and his or her special educational needs, if any.

The committee of parents and professionals who created this booklet believe children benefit when positive communications are established.

If your path is smoother as a result of better understandings, the goal of this booklet will be achieved.

Good Luck!

Members of the Development Committee

Margery Buxbaum, CSESC Parent Specialist
Cathy Gorden, CSESC Parent Council
Debra Iammarino, School Psychologist in Training, John Carroll University
Dawn Michalkiewicz, Chairperson, CSESC Parent Council
Becky Richards, CSESC Parent Council
Cathy Telzrow, Educational Assessment Project Coordinator

II. ALTERNATIVES TO ASSESSMENT

Many children experience difficulties at school; studies have shown that as many as 40% of children without known medical, family, or intellectual needs experience school-related problems during the early school years. For the majority of these children, their problems can be resolved by *interventions* which do not require individual assessment. *Interventions* are steps taken to actively bring about change in the problem situation. Successful intervention can be provided without individual assessment through strategies such as parent consultation, staff consultation, and building-level support systems.

Parent Consultation

Teachers and other school personnel can learn much about children by consulting with their parents. Often parents have information about their child which can be valuable in developing effective interventions for problems with work habits, learning, or behavior. Parent consultation encourages collaboration about shared concerns, and fosters cooperation in resolving problems.

Staff Consultation

Consultation between classroom teachers and other school personnel, such as the building principal, instructional specialists, counselors, or school psychologists, is often an effective means of initiating successful intervention for children.

Intervention Assistance Teams (IAT's)

Intervention Assistance Teams (IAT's) are building-level support systems for addressing concerns about children's school-related problems. These teams operate in many of Ohio's schools. IAT's provide a mechanism for developing interventions for those children who do not qualify for special education programs. Detailed discussions about ways of developing and maintaining IAT's are provided in two Ohio Department of Education Publications (available from CSESC):

- **Intervention Assistance Teams** (Ohio Department of Education, Division of Elementary and Secondary Education, 1985), and
- **Secondary-Level Intervention Assistance Team Models** (Ohio Department of Education, Division of Elementary and Secondary Education, 1990).

III. REASONS FOR ASSESSMENT

Request for individual assessment* are initiated for several different reasons, including teacher concerns, parent requests, and reevaluation.

Teacher Concerns

Teachers make requests for assessments because of concerns about a child's learning or behavior which have not been resolved satisfactorily through the alternative approaches discussed above. Teacher concerns may relate to the following:

Questions Regarding Eligibility for Special Services.

Teachers may request individual assessment for a pupil whom they believe may be eligible for special services. Such services may include gifted programs, remedial programs, counseling groups, or special education services. Each of these special programs has its own set of requirements for assessment.

Questions Regarding Child Traits or Characteristics.

Teachers sometimes seek assessment in order to learn more about a specific child trait or characteristic which they believe will help them in their instruction or management of a child. Examples of such traits include temperament characteristics, learning style, and intellectual ability.

Questions Related to Teacher Intervention.

Teachers may request assessment of a child in order to help them design and implement interventions appropriate for that individual youngster.

Parental Request

Requests for individual assessment can be initiated by parents. Such requests may arise from a parent's concern about his or her child's school adjustment or educational progress. Parents desire assessment to answer such questions as:

- *Why is my child struggling in a particular academic area?*
- *How can I help my child at home?*
- *Does my child have special needs that require an adjusted learning program?*
- *How can my child's special needs best be met in school?*

Reevaluation

Individual assessment may be requested to meet reevaluation requirements. Children who are receiving special education generally receive a reevaluation every three years.

Although assessment occurs for a wide variety of reasons, the remainder of this document emphasizes activities related to the multifactored evaluation of children *suspected of having disabilities*.

*The terms "assessment" and "evaluation" have different meanings in some contexts. However, in this document, these terms are used interchangeably.

IV. PREASSESSMENT ACTIVITIES

Prior to the initiation of individual assessment, certain preassessment activities are carried out to clarify and explain the steps in the assessment process.

Clarifying Reason for Assessment

It is generally helpful for parents and school officials to discuss and agree upon the reasons for individual assessment before assessment activities begin. During a conference, either by telephone or in person, the parent and school representative can outline the questions to be answered through assessment. At this time the details of the assessment process can be discussed, including the assessment procedures that will be used, the timeline for completion, and the specialists who will be involved. If the assessment relates to a youngster who is suspected of having a disability, *due process* procedures, as described below, must be implemented.

Preassessment Due Process Procedures

Due process is a set of procedures guaranteed by law that protect the rights of both parents and children throughout the assessment and intervention process.

Before assessment activities begin, certain procedures must be followed. Schools must communicate with parents about the evaluation process. School personnel may ask to have a meeting with parents, or send parents written information about the planned assessment. Parents must be informed about the school's special programs and what options are available if they disagree with the school's evaluation. Parents must give written consent before the evaluation proceeds. These and other preassessment due process procedures are detailed in Figure 1.

Figure 1. Preassessment Due Process Procedures

Federal and state regulations specify that these activities must be completed before an assessment of a child suspected of having a disability

1. **Parents must be informed in writing in their native language or other mode of communication about the following:**
    a. Information regarding where the parents may obtain copies of the *Rules for the Education of Handicapped Children* and the school district's comprehensive plan for special education.
    b. The district's written criteria for placement into special education.
    c. The school district's policies on confidentiality, including the parent's right to access personally identifiable or other pertinent data concerning evaluation and placement.
    d. Notification of due process rights, including the right to a case conference, administrative review, and due process hearing.

e. A description of the proposed evaluation process, including

- A description of each evaluation procedure, test, record, or report the school district or other educational agency uses as a basis for the proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education;
- A description of any other factors which are relevant to the proposal or refusal of the school district or other educational agency;
- A statement which provides for an independent educational evaluation at no cost to the parent if the parent disagrees with the evaluations provided by the school;
- A statement that the school district may initiate a hearing to show that its evaluation is appropriate;
- A statement that, if the final decision is that the evaluation is appropriate, the parent still has the right to an independent educational evaluation, but not at public expense;
- A statement that the school district shall provide to the parent, upon request, information about where an independent educational evaluation may be obtained;
- A statement that information obtained from an independent educational evaluation provided by the parent at private expense shall be considered by the school district in any decision made with respect to the provision of a free appropriate public education to the child;
- A statement that, whenever an independent evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria which the school district uses when it initiates an evaluation; and
- A declaration that the child's educational status will not be changed without prior notice to the parent.

2. **The school district must obtain the parent's written consent before proceeding with a multifactored evaluation of a child suspected of having a disability.**

V. EVALUATION OF CHILDREN SUSPECTED OF HAVING DISABILITIES

Legal Requirements for Evaluation

Federal and state regulations require that evaluations of children suspected of having disabilities must be *multifactored, multidisciplinary,* and *nonbiased.*

A *multifactored evaluation* is one in which more than one area of the child's functioning is evaluated.

A *multidisciplinary evaluation* is conducted by a group of trained professionals.

A *nonbiased evaluation* is conducted in a manner that is fair to each child regardless of ethnic group, cultural background, or disability.

Each of these characteristics is described in greater detail below.

Multifactored Evaluations (MFE's)

As noted above, a *multifactored evaluation* (MFE) considers many aspects of the child's functioning. The following *domains*, or areas of development, may be assessed in a multifactored evaluation:

1. **General Intelligence or Cognitive Ability** means cognitive functioning, or overall mental ability.
2. **Academic/Preacademic Performance** means actual or precursors to academic skills, such as those related to reading, arithmetic, and written language skills.
3. **Hearing** refers to the child's hearing acuity, or ability to hear sounds at various frequencies and degrees of loudness.
4. **Vision** refers to the child's vision acuity, or ability to see visual information at various distances.
5. **Motor/Sensorimotor Abilities** includes gross motor skills, such as walking, running, and bike riding; fine motor skills, such as cutting and bead stringing; and perceptual motor skills, such as coloring and handwriting.
6. **Communicative Status** refers to the individual's communication skills, including understanding and using oral and written language, and any alternative modes of communication.
7. **Social/Emotional Status** refers to the child's behavior and personality, as reflected in managing his or her own emotions and in interacting with others.
8. **Adaptive Behavior** means the self-care, domestic, and social skills needed to function independently at home, in school, and in the community.
9. **Background information** refers to developmental, medical, family, and educational histories, as these may influence learning and behavior.
10. **Physical examination** means the child's physical condition and medical status, as identified by a physician.
11. **Vocational evaluation** refers to special job-related skills and competencies.

Not all assessments will include all of these domains; the domains to be assessed are determined by the child's suspected disability. The specific assessment domains which must be incorporated in the MFE for each suspected disability are outlined in Appendix A.

Multidisciplinary Evaluations

As described above, a *multidisciplinary evaluation* is conducted by a group of professionals. These professionals generally specialize in different *disciplines* or areas of assessment and intervention, such as school psychology, speech pathology, and special education. The professional members of the multidisciplinary assessment team may each evaluate the child individually, or they may work together in completing their assessments.

Parents are integral members of the evaluation team. Parents can contribute information and observations valuable to the assessment by interviewing with professionals and completing questionnaires.

Nonbiased Evaluations

In the MFE, instruments and procedures must be selected which do not unfairly discriminate against children as a result of their ethnicity, cultural background, experiences, or disability. *Nonbiased* practices include:

- Administering tests in the child's native language or other mode of communication, if possible.
- Using extreme caution in interpreting the results of *norm-referenced test** which do not reflect the child's native language, cultural background, experiences, or disability.
- Supplementing norm-referenced tests with other important sources of data, including observation, interview, and *criterion-referenced/curriculum-based assessment.**
- Selecting and administering tests so as to best insure that when a test is given to a child who has impaired sensory, manual, or speaking skills, the test results will accurately reflect whatever the test is designed to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (unless the test is designed to measure those skills).

For information about specific test instruments, readers are referred to the following sources:

- Compton, C. (1980). *A guide to 65 tests for special education.* Belmont, CA: Pitman Learning Inc.
- Davis, W. E. (1980). *Educator's resource guide to special education.* Boston, MA: Allyn & Bacon.
- *Early childhood screening and assessment: Annotated Lists of Screening and Assessment Instruments.* Maple Heights, OH: CSESC (April 1991).
- Klein, S. D. (1977). *Psychological testing of children: A consumer's guide.* Boston, MA: The Exceptional Parent Press.

**Norm-referenced test* and *criterion-referenced/curriculum-based assessment* are described below.

Methods of Evaluation

A multifactored evaluation should incorporate several different methods of assessment which may include:

Observation

Observation of children can yield critical information about their learning and behavior. Parents can contribute important information learned through observing their children over a period of time in natural settings (at home or play). School personnel may use systematic approaches to observation. These approaches may include checklists, rating scales, or other techniques, and are often conducted in the classroom or in other educationally relevant settings.

Interviews

Interviewing persons knowledgeable about the child, such as parents, teachers, therapists, and medical personnel can contribute to a complete evaluation. Parents are often asked to describe aspects of their child's learning or behavior which are not available through direct assessment techniques. Examples of these types of behaviors might include self-care skills and adjustment to specific social settings. Interviews may be conducted in person or by telephone and may also include the use of questionnaires.

Criterion-Referenced/Curriculum-Based Assessment

A *criterion-referenced assessment* is one which provides a description of the student's skills in a specific area. The child's performance is not compared to or ranked in relation to other students, but instead describes the child's mastery in a given area. For example, "Pete reads 100 out of 220 Dolch sight words."

Curriculum-based assessment (CBA) is one type of criterion-referenced assessment which uses curriculum materials as the basis for describing performance. For example, "Alice read an average of 60 words correctly from the Ginn Basal Reader level 12 in a one-minute interval."

Norm-Referenced Tests

Norm-referenced tests are those tests which yield scores comparing a child's performance with the performance of a *normative group*. (A *normative group* is a large representative sample of children who, for the purpose of comparison, were also administered the test.) Such tests make it possible to describe a child's performance as "above average," "average," or "below average."

Special Evaluations

Special evaluations are assessments provided by professionals who have specialized training. Examples are audiological evaluations and evaluations by an eye care specialist.

Factors in Choosing Assessment Procedures and Instruments

Assessment specialists consider many factors when selecting among the range of assessment procedures and instruments. These considerations may include:

- The nature of the suspected disability.
- Demographic characteristics, including the child's age, socioeconomic status, ethnicity, and cultural background.
- The match between the assessment domain and the evaluation method.
- Specific test characteristics, including technical qualities, standardization characteristics, and response mode.

Types of Test Scores

The results of a child's performance on many tests are summarized through the use of test scores. The following types of test scores are used frequently in educational testing:

Raw Score

A *raw score* is the total number of questions a child got right on a test. On an exam with 20 items, raw scores could range from 0 to 20. A student's raw score does not tell you much unless you know how many questions there were on the test and how difficult they were.

Percentile Score or Percentile Rank

A *percentile score* or *percentile rank* tells how a child's test score ranks in comparison with the students in the normative group. This is not the same as the percent of questions he or she got right. A percentile rank of 50 means the student's score was better than the scores of 50% of the students in the normative group.

Standard Score

A *standard score* is designed to report how a student's score compares to the average score. Under certain conditions standard scores also allow comparison to scores from different tests.

Stanine Score

A *stanine score*, short for *sta*ndard *nine*, is one type of standard score. Stanines divide test results into nine groups, with 1 given to the lowest scores and 9 the highest. Scores of 4, 5, and 6 are considered average.

Grade Equivalent Score

A *grade equivalent score* compares a child's performance to the performance of students in the normative group, stated in terms of a grade placement. For example, if the average score of seventh graders on a test is 30, then a child obtaining a score of 30 is said to be performing at the seventh grade level. Grade equivalent scores are expressed in tenths of a grade (7.5 refers to the average performance at the middle of the seventh grade). Grade equivalent scores are often misinterpreted; a third grade child's score of 7.5 does NOT mean the child has mastered seventh grade level material, it simply means that the child answered the same number of items correctly as did the average seventh grader. Grade equivalent scores require careful interpretation and should not be used for measuring educational progress.

Age Equivalent Score

An *age equivalent score* compares a child's performance to the performance of children in the normative group, stated in terms of chronological age. For example, if the average score of 10-year-old children in the normative group is 30, then a child who scores 30 on the same test receives an age-equivalent score of 10. This means the child performed like the 10 year olds of the normative group, it does NOT mean the child has mastered the curricula presented to 10 year olds. Age equivalent scores require careful interpretation and should not be used for measuring educational progress.

For further reading on the meaning of test scores, readers may wish to refer to these resources:

- Compton, C. (1980). *A guide to 65 tests for special education.* Belmont, CA: Pitman Learning, Inc.
- Davis, W. E. (1980). *Educator's resource guide to special education.* Boston, MA: Allyn & Bacon.
- Lyman, H. B. (1971). *Test scores and what they mean.* (2nd Ed.). Englewood Cliffs, NJ: Prentice-Hall.

VI. PARENTAL ROLE IN MFE

Rights Under I.D.E.A.

I.D.E.A. (Individuals with Disabilities Education Act) is the federal legislation which outlines the process for identifying, evaluating, and providing educational services for children with disabilities. This section summarizes requirements associated with the MFE process.

Before the Evaluation

Parents can anticipate preassessment activities to include:

1. A full explanation of the evaluation process
2. Information about where to obtain written documents, such as *State Rules* and districts' policies
3. Parental consent for the school district to conduct the evaluation

Further information about preassessment activities is included in Section IV, above.

During the Evaluation

As part of the MFE, parents can:

1. Provide important historical information
2. Describe observations about their child's learning and behavior
3. Assist in preparing the child for assessment (see following section on Parent as Child Advocate).

Following the Evaluation

The evaluation team chairperson is responsible for preparing a written report which summarizes and interprets the results of the MFE. Parents have a right to:

1. Receive a copy and explanation of the MFE team report
2. Request an independent evaluation if they disagree with that provided by the school
3. Participate in an IEP conference if their child is found to have a disability (see Section VII, below).

Figure 2 summarizes the timelines school districts must adhere to, as outlined in the *Ohio Rules for the Education of Handicapped Children.*

Figure 2. Summary of Timelines Specified in
Ohio Rules for the Education of Handicapped Children

WHAT	WHEN
• Written notice of procedural safeguards* are provided to parent of a child with a suspected disability.	• Within 30 days of the date of referral, or • Within a reasonable time before the district proposes or refuses to initiate or change identification, evaluation, or educational placement.
• IEP Conference is conducted.	• Within 90 days after parent consent for MFE, or • Within 120 days after initial referral of suspected handicapped child.
• Copy of IEP is provided to parent.	• Within 30 days of IEP Conference.
• Parent is permitted to inspect and review any education records relating to his/her child.	• Within 45 days of the request, or • Before any meeting regarding an IEP or hearing relating to identification, evaluation, or placement of the child.

*Procedural safeguards, as outlined in the *Ohio Rules for the Education of Handicapped Children*, include areas of identification, confidentiality, preevaluation, and evaluation activities, IEP activities, parent surrogate, and impartial due process hearing.

Parent as Child Advocate and Assessment Consumer

In addition to understanding their legal rights under IDEA and Ohio *Rules for the Education of Handicapped Children*, parents may find it helpful to have some guidance in other areas relating to assessment. This section discusses the parent's role as child advocate and consumer of assessment services.

Parent as Child Advocate

An *advocate* is someone who looks out for the interests of another individual. Parents generally know their children best, and may be in an excellent position to advocate for them throughout the assessment process. The following activities relate to the parent's role as child advocate during the assessment process.

1. **Learn about the assessment process**

   As part of their legal rights, parents are entitled to a full explanation of the assessment process before consent for the MFE is obtained. In addition to being a legal right, having complete understanding of the assessment process is important for the parent's role as child advocate. Parents should be particularly alert to those aspects of the assessment process which directly involve the child, such as test administration and observations.

2. **Negotiate assessment activities, as appropriate**

   Because of their thorough knowledge about their children, it may be appropriate for parents to request certain changes in the proposed assessment process. Examples of the requests parents might make relate to the assessment methods which will be used, and the time or place for testing or observation. Assessment specialists should be willing to explain their rationale for the selection of specific assessment instruments and procedures, and may be willing to add to or modify these upon request by a parent.

   When advocating for their children in assessment activities, it may be important that parents inform assessment specialists about any unique characteristics which may affect their child's MFE. Examples of such characteristics include the need for an interpreter, large print materials, or special seating. If a child is slow to warm up to new adults, or works better in a certain type of setting, this information should be shared with the assessment specialist. Open, direct communication between parents and assessment specialists is an example of advocacy which enhances the child's experience in the MFE process.

3. **Prepare child for the MFE**

   Participating in a MFE may be stressful for both parents and children. Like any potentially stressful event, such as going to the doctor or making a trip alone for the first time, preparation of the child before the activity can be helpful. The following suggestions may be of assistance to parents as they prepare their children for a MFE.

   - *Convey confidence and trust.* Children are very responsive to parents' feelings and attitudes about a specific activity or event. If parents communicate trust in assessment specialists, this will be conveyed to their children, and they will feel reassured. Ideally, parents should adopt a confident, matter-of-fact attitude when discussing the assessment process with their children. Communicating to children ideas like "This is very important" and "You better pass" may only increase children's anxiety about the MFE.

- *Adjust the amount of information given to the child.* Some children wish to know every possible detail about an upcoming event, and giving them this information helps them feel in control and relaxed. For other children, all this information actually adds to their anxiety. Parents should individualize the amount and type of information given to the needs of the child. Sometimes the questions children ask or the type of confusion or anxiety they show can guide parents in giving information about the MFE.

- *Describe the MFE in broad, general terms.* In most cases, particularly for young children, the MFE activities should be described to the child in broad, general terms. An example might be: "Mrs. Smith will be doing some work with you this week. She helps children with their learning." Older students may have more specific questions, which parents can respond to.

- *Emphasize parent's role in process.* It may be helpful for children to know their parents are also involved in the MFE. Once again, this information generally should be conveyed in a general, brief manner. For example, "Mommy also will talking to Mrs. Smith, and we'll all be working together to make school as good for you as it can be." Conveying trust and collaboration can reassure the child, and is an example of positive advocacy which can benefit children's participation in assessment activities.

4. **Maintain complete records**

Keeping complete records of both oral and written communication with school officials regarding assessment activities is an important part of advocating for children. Parents should write down the names, dates, and key points of oral communication, including telephone contacts. Copies of written correspondence, such as letters and reports, should be maintained in a chronological file.

5. **Identify and communicate with appropriate school representative(s)**

In most cases, a "case coordinator" will be assigned as the key contact person for the child's MFE. Whenever questions or concerns arise, parents should feel free to contact this individual before, during, or following completion of the MFE. In cases where inquiries are not resolved satisfactorily, parents may wish to contact an appropriate administrator, such as the Director of Special Education or Director of Pupil Services.

6. **Advocate for appropriate intervention**

A final yet critical step in the parent's role as child advocate involves the development of appropriate intervention following the MFE. Generally speaking, when a child receives a MFE, some type of treatment or intervention is warranted. It is critical that this intervention be actively planned and implemented. In their role as child advocates, parents should work closely with school officials to insure that this occurs. Section VII describes in greater detail the process for linking assessment to intervention.

Parent as Assessment Consumer

As an effective consumer of assessment services, parents must be knowledgeable and proactive. The following guidelines are provided to assist parents in their role of assessment consumer.

1. **Be informed**

   It is critical for effective consumers of assessment services to be knowledgeable and well-informed. This is a challenge for many parents, because the area of assessment seems so complex and mysterious. However, many parents have found these strategies have helped them to become well-informed about the assessment process:

   - *Reading publications such as this one and others listed in this document*
   - *Attending parent-focused workshops and conferences*
   - *Participating in parent support groups.*

2. **Actively participate in the assessment process**

   An effective consumer is one who adopts an active, involved position. Parents should participate actively in the assessment process by

   - *Asking questions before, during, and following the MFE*
   - *Communicating key information about the child's history and special characteristics*
   - *Offering suggestions when appropriate.*

Parent Resources

Parents may find the following resources of assistance as they become familiar with and knowledgeable about the assessment process.

Agencies and Groups

A number of agencies and groups in the Cuyahoga County region can provide information and resources to parents of children with special needs. Parents are directed to the following resource for help in locating an agency or group concerning a specific area of concern:

Parent Group Guide: A Directory of Groups in Cuyahoga County for Parents of Children with Special Needs and Handicaps, available from: Cuyahoga Special Education Service Center, 14605 Granger Road, Maple Heights, OH 44137, (216) 587-5960.

Publications

Most of these are available from CSESC:

- *Ohio Rules for the Education of Handicapped Children* (Ohio Department of Education, 1989)
- *A Look at Due Process for Parents of Handicapped Children* (Ohio Department of Education, 1984)
- *The Early Childhood Identification Process: A Manual for Screening and Assessment* (Ohio Department of Education, 1989)
- *Primer for Parents: Participating in Individualized Education Program (IEP)/Annual Review Conferences* (Central Ohio IRC)
- *Parent Educator Team Training Project Manual* (Ohio Coalition for the Education of Handicapped Children)
- *Ohio Guidelines for the Identification of Children with Specific Learning Disabilities (including Differentiated Referral Procedures)* (Ohio Department of Education, 1983)
- *Ohio Handbook for the Identification of Children with Severe Behavior Handicaps* (Ohio Department of Education, 1987)
- *Ohio Handbook for the Identification, Evaluation, and Placement of Children with Language Problems* (Ohio Department of Education, 1991)

Personal Resources

VII. LINKING ASSESSMENT RESULTS TO INTERVENTION

Assessment occurs to answer questions about a child's learning or behavior for the purpose of helping to plan and implement appropriate interventions. This section describes how assessment data are used to develop interventions for children.

Determination of Special Education Eligibility

Following a MFE, the assessment team determines whether or not the child is eligible for special education services. This determination is made by the MFE team in accordance with federal and state eligibility rules. All members of the MFE team sign the MFE team report to signal their agreement with the eligibility determination. When a team member disagrees, a minority report is attached explaining the reason(s) for the disagreement. After the team concludes whether or not the child is eligible for special education, specific interventions are developed, as described below.

Planning Interventions for Students Found to Have a Disability

In instances where the MFE team determines the child has a disability, specific steps in planning interventions are prescribed in federal and state law. For such children, an Individualized Education Program (IEP) conference is scheduled, and an IEP is designed.

The IEP Conference

Who:
The IEP conference, for children who have been evaluated initially, must include these individuals:

- a member of the evaluation team or someone knowledgeable about evaluation
- one or both parents
- the child's teacher
- a school representative, other than the teacher, who is qualified to provide or supervise the provision of special education (e.g., principal, special education supervisor)
- the child, when appropriate

Parents may wish to invite one or more additional persons to the IEP conference.

Sometimes parents are unable to participate in the IEP conference. At such times, parent involvement through telephone contact is encouraged. The school may conduct the IEP conference without the parent if:

- the parent signs a waiver of his or her right to participate, or
- the school maintains a detailed record of efforts to contact the parent

What:
The IEP conference is the intervention planning mechanism for children with disabilities. The purposes of the IEP conference are to:

- review the results of the MFE
- determine the nature and degree of special education needed, if any
- develop the child's individualized education program (IEP) for a child who is in need of special education
- determine the educational placement in the least restrictive environment

Parents give consent for initial placement of the child in a special education program, usually during the IEP conference.

When:
The IEP conference must be conducted within 90 calendar days after the parent consents to the MFE. A complete IEP must be developed and agreed to before special education services are initiated.

The IEP Document

The *IEP document* is the written plan of the child's individualized education program. It is developed by parents and school personnel during the IEP conference, described above. The IEP document must include this information:

1. A statement of the child's present levels of educational performance
2. A list of annual goals and short-term instructional objectives
3. A description of the specific special education and related services to be provided
4. A statement about the extent of participation in regular education
5. The projected dates for initiation of services and anticipated length of services
6. Measurable criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being met, and whether current placement is appropriate
7. A statement about a transition plan for students age 16 and above (or age 14 if appropriate)

Parents must be provided a copy of their child's IEP within 30 calendar days after the IEP conference (see Figure 2).

Planning Interventions For Students NOT Found To Have a Disability

In instances where the MFE team determines the child does not have a disability, the responsibilities of school districts to respond to the child's needs are not clearly outlined in rules or law. However, in many cases, some response is necessary. The following strategies for developing interventions for these children may be appropriate:

Postevaluation conference

For children who do not have a disability, an IEP conference is conducted for the purpose of communicating results of the MFE. Some districts call this meeting a postevaluation conference to distinguish it from an IEP meeting, where an IEP is developed. Although there are no legal requirements describing who shall participate in the postevaluation conference, these individuals often are involved:

- the parent(s)
- one or more members of the MFE team
- the child's teacher
- an administrator, such as the building principal

Parents may wish to invite one or more other individuals to the postevaluation conference.

Nonspecial Education Interventions

In cases where a child is found *not* to be eligible for special education, rarely is communication of this information alone satisfactory. Most such children are experiencing significant school difficulty, or they would not have received a multifactored evaluation. School officials should be prepared to talk with parents about appropriate nonspecial education interventions either as part of the postevaluation conference or in a subsequent meeting. Regular education personnel, such as the child's teacher or the building principal, may be the appropriate individuals to coordinate nonspecial education interventions. One strategy some schools use is to request monitoring by the Intervention Assistance Team (see Section II).

Although this document is not intended to be a resource for specific interventions for students who are having school difficulty, the following is a list of possible nonspecial education based interventions.

Resources at the Building Level:

- Remedial instruction
- Intervention Assistance Teams (see Section II)
- Tutorial services (e.g., nonspecial education tutors, lay tutors)
- Guidance services
- Psychological services

Resources at the Classroom Level:

- Peer-assisted instruction (e.g., peer tutoring, cooperative learning)
- Instructional modifications (e.g., books on tape, adjustments in quantity of work required, assignment notebooks)
- Strategy training
- Direct instruction (a consistent sequence of teacher-directed instructional activities)

Resources for Further Reading

- Graden, J. L., Zins, J. E., & Curtis, M. J. (Eds.). (1988). *Alternative educational delivery systems: Enhancing instructional options for all students.* Washington: National Association of School Psychologists.
- Maher, C. A., & Zins, J. E. (Eds.). (1987). *Psychoeducational interventions in the schools.* New York: Pergamon Press.
- Shapiro, E. S. (1989). *Academic skills problems: Direct assessment and intervention.* New York: Guilford.
- Simmons, D. C., Fuchs, D., & Fuchs, L. S. (1991). Instructional and curricular requisites of mainstreamed students with learning disabilities. *Journal of Learning Disabilities, 24,* 354-360.
- Stoner, G., Shinn, M. R., & Walker, H. M. (Eds.). (1991). *Interventions for achievement and behavior problems.* Washington, DC: National Association of School Psychologists.

APPENDIX A:
Required Assessment Areas for Initial Multifactored Evaluations

The vertical column identifies areas of assessment required in *Rules for the Education of Handicapped Children*. The eight areas of disability recognized in current Rules, together with preschool children, are listed horizontally. The resulting grid indicates areas which must be assessed for each area of suspected disability. If shaded, Rules do not specifically require this assessment. However, these areas shall be assessed if the evaluation team determines the additional assessment is related to the suspected disability.

Areas of Assessment	Hearing Hdcp.	Orth./ other Health Hdcp.	Visually Hdcp.	Multi Hdcp.	Severe Behavior Hdcp.	Developmentally Hdcp.	Specific Learning Disabled	Speech Hdcp.	Preschool Child w/disability
General Intelligence or Cognitive Ability	X	*	X	X	X	X	X	////	X
Academic/Preacademic Performance	X	X	X	X	X	X	X	X	X
– Reading Skills	////	////	////	////	////	////	X	////	////
– Reading Comprehension	////	////	////	////	////	////	X	////	////
– Mathematics Calculation	////	////	////	////	////	////	X	////	////
– Mathematics Comprehension	////	////	////	////	////	////	X	////	////
Hearing	X	X	X	X	X	X	X	X	X
– Audiological	X	////	////	////	////	////	////	////	**
Vision	X	X	X	X	X	X	X	////	X
– Eye Condition	////	////	X	////	////	////	////	////	**
Motor/Sensorimotor Abilities	X	X	X	X	X	X	X	////	X
Communicative Status	X	X	////	X	X	X	X	X	X
– Oral Expression	////	////	////	////	////	////	X	////	////
– Listening Comprehension	////	////	////	////	////	////	X	////	////
– Written Expression	////	////	////	////	////	////	X	////	////
Social/Emotional Status	X	X	X	X	////	////	X	////	X
Physical Examination	X	X	X	X	X	////	////	////	////
Adaptive Behavior	////	////	////	X	////	X	////	////	X
Observation - Other than Regular Teacher	////	////	////	////	X	////	X	////	X
Observation - Current Teacher	////	////	////	////	X	////	////	////	////
Behavior/Personality	////	////	////	////	X	////	////	////	X
Educational, Family and Medical History	////	////	////	////	X	////	////	////	X
Physical Condition	////	////	////	////	////	X	////	////	**
Social, Cultural Background	////	////	////	////	////	X	////	////	////
Teacher Recommendations	////	////	////	////	////	X	////	////	////
Environmental, Cultural, Economic Disadvantage	////	////	////	////	////	////	X	////	////
Voc/Occupational Needs	////	////	////	////	////	////	////	////	////

*For Home Instruction services with Orthopedically and/or Other Health Handicapped, the MFE Team decides if it is necessary in accordance with Director's Memo of 9/14/82.

**Required for specific areas of preschool disability.

APPENDIX B:
Glossary of Terms

advocate: someone who looks out for the interests of others.

age equivalent score: compares a child's performance to the performance of children in a normative group, stated in terms of chronological age.

annual goal: is a broad statement outlining educational objectives for the year.

assessment: the ongoing process of gathering information and evaluation information which is used by appropriate and qualified personnel throughout the period of child's eligibility. May at times be also referred to as evaluation.

assessment instruments: see "tests," tools used for measurement.

assessment specialist: someone who conducts assessments and gives an analysis of the results.

case conference: an informal meeting generally used in the evaluation, placement, and periodic review process, and to resolve problems or disagreements.

case coordinator: the individual responsible for coordinating assessment activities and acting as the primary resource for parents.

child trait or characteristic: a specific characteristic of the child which is believed to be helpful in instruction or management.

collaboration: mutual cooperation which results in a plan of action.

consultation: a process of shared problem-solving involving two parties (a consultant and a consultee) for the benefit of a third (e.g., child).

criterion-referenced/curriculum-based assessment (CBA): an assessment that provides a description of the student's skills in a specific area. The child's performance is not compared to or ranked in relation to other students, but instead describes the child's mastery in a given area. For example, "Pete reads 100 out of 220 Dolch sight words."

direct instruction: a consistent sequence of teacher-directed instructional activities which includes introduction of the concepts, presentation of target skills, teacher-guided practice, feedback, and correction, preparation for and monitoring of independent practice, and guided review.

disciplines: the specialization of professionals in different areas of assessment and intervention. Examples include: school psychology, speech pathology, and special education.

domains: areas of development that may be assessed in a multifactored evaluation. The domains to be assessed are determined by the child's suspected disability. Examples are: general intelligence, academic performance, hearing, vision, motor abilities, communicative status, social/emotional status, adaptive behavior, etc. Refer to Appendix A.

due process: the safeguards to which a person is entitled in order to protect his or her rights.

eligibility: occurs when the multifactored evaluation results meet the criteria for a child to be a recipient of special education services. These criteria are outlined in the *Ohio Rules for the Education of Handicapped Children* and the *Rules for Preschool Children with Disabilities.*

evaluation: the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility. May at times also be referred to as an assessment.

free appropriate public education (FAPE): guaranteed under the Individuals with Disabilities Education Act (I.D.E.A.), this refers to a publicly funded special education program which is developed to address the child's needs following a multifactored evaluation.

grade equivalent score: compares a child's performance to the performance of students in a normative group, stated in terms of a grade placement.

IEP conference: an intervention planning mechanism for children with disabilities. The purpose of this meeting is to review results of the MFE and develop the child's IEP.

IEP document: a written plan of the child's individualized educational program.

instructional modification: accommodations made available to the child in the classroom to enhance learning (e.g., books on tape, adjustments in quantity or work required, assignment notebooks, etc.).

intervention: any instruction or service designed to produce changes in learning or behavior.

intervention assistance team (IAT): a building level support system for addressing concerns about children's school-related problems. IATs may provide a mechanism for developing interventions for those children who do not qualify for special education programs.

lay tutor: a person without educational credentials who provides tutorial assistance.

measurable criteria: decision-making guidelines which can be quantified.

mode of communication: method of communication used by an individual, such as speech, sign language, etc.

multidisciplinary evaluation: an evaluation which is conducted by a group of professionals with different areas of specialization, such as speech/language pathology, occupational therapy, special education, or school psychology.

multifactored evaluation (MFE): an evaluation of more than one area of a child's functioning, which is conducted by more than one professional. See Appendix A.

multifactored evaluation team: a group of professionals involved with the assessment and determination of eligibility for special education services.

nonbiased evaluation: an evaluation which is conducted in a manner that is fair to each child regardless of ethnic group, cultural background, or disability.

nonspecial education intervention: educational services which are provided to children who are not eligible for special education.

nonspecial education tutor: an individual who provides tutorial services to children who are not eligible for special education.

norm-referenced test: test which yields scores comparing a child's performance with the performance of a normative group.

normative group: a large representative sample of children who, for the purpose of comparison, were also administered the test.

observation: a method of gathering evaluation information about the child by watching him/her in educationally relevant settings at home or play.

percentile rank: a number which indicates how a child's test score ranks in comparison with the students in the normative group. This is not the same as the percent of questions he or she got right. A percentile rank of 50 means the student's score was better than the scores of 50% of the students in the normative group. Also referred to as percentile score.

percentile score: refer to percentile rank.

postevaluation conference: a conference conducted for the purpose of communicating results of the MFE for a child who is not eligible for special education services.

raw score: a score that states the total number of questions a child got right on a test. On an exam with 20 items, raw scores could range from 0 to 20. A student's raw score does not tell you much unless you know how many questions there were on the test and how difficult they were.

related services: support services as are required to assist a child with disabilities to benefit from special education. Examples include speech therapy, catheterization, transportation, occupational therapy, and assistive technology.

remedial instruction: instruction designed to help a student overcome a specific educational difficulty.

response mode: the method used by a student to respond to questions or indicate knowledge. Pointing to pictures, answering questions verbally, or using eye gaze to make a multiple choice selection are all response modes.

short-term instructional objectives: a measurable intermediate step between a child's present level of performance and the annual goal established. The objectives are based upon the logical breakdown of the major components of annual goals and serve as milestones for measuring progress toward meeting the goals.

special evaluation: assessments conducted by professionals who have specialized training. Examples are audiological evaluations and evaluations by an eye care specialist.

stanine score: a stanine score, short for *sta*ndard *nine*, is one type of standard score. Stanines divide test results into nine groups, with one given to the lowest scores and nine the highest. Scores of four, five, and six are considered average.

standard score: a score that is designed to report how a student's score compares to the average score.

strategy training: a term used to describe a group of instructional techniques designed to help learners acquire and recall information.

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ASSESSMENT DEVICES

	Structured Interview	Structured Observation	Criterion/ Curriculum-Based	Standardized/ Norm-Referenced
Sensorimotor				
Communication				
Cognitive				
Pre-academic				
Social/Emotional/ Behavioral				
Adaptive				
Hearing				
Vision				

NOTE: MUST INCLUDE ALL FOUR PROCEDURES IN THE AREA OF DEFICIT

FIND THE AGES WHEN THESE OCCUR

TEST	Asks Questions	Copies "0"	Buttons Coat
Battelle Developmental Inventory			
Help for Special Preschoolers Assessment checklist: Ages 3-6			
Portage Guide to Early Education			
Learning Accomplishment Profile - Revised			
The Carolina Curriculum for Preschoolers with Special Needs			
Brigance Inventory of Early Development			
Denver Developmental Screening Test			

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